

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12586 (6)**

1. Corporation Name
**NAVY LEAGUE OF THE UNITED STATES, PALM BEACH COU
NCIL, INC.**



Principal Place of Business Mailing Address
P O BOX 241 PALM BEACH FL 33480 **P O BOX 241 PALM BEACH FL 33480**

3. Date Incorporated or Qualified **12/17/1985** 3a. Date of Last Report **04/20/1995**
4. FEI Number **65-0033917** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**DUNMIRE, PHILIP L
13314 DOUBLETREE CIRCLE
WELINGTON FL 33414**

10. Name and Address of New Registered Agent
81 Name **SALAZAR, MICKEY**
82 Street Address (P.O. Box Number is Not Acceptable) **14326 ARDEL DRIVE**
83
84 City **PALM BEACH GARDENS** FL 85 Zip Code **33410**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **PRESIDENT** 4-15-96 DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SNEAD, LEONARD A	
STREET ADDRESS	14 CARRICK ROAD	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TURNEY, SR NEIL M	
STREET ADDRESS	533 ANCHORAGE DR	
CITY - ST - ZIP	NORTH PALM BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SILVER, IRV	
STREET ADDRESS	8524 DOVEBROOK DRIVE	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HISHING, SUMNER K	
STREET ADDRESS	1618 TWELVE OAKS WAY 101	
CITY - ST - ZIP	NORTH PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, DAVID G	
STREET ADDRESS	288 FLAMINGO DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNIGHT, PETER L	
STREET ADDRESS	210 RUSSLYN DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SALAZAR, MICKEY	
13 STREET ADDRESS	14326 ARDEL DRIVE	
14 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	
21 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SILVER, IRV	
23 STREET ADDRESS	8725 NATIVE DANCER ROAD	
24 CITY - ST - ZIP	PALM BEACH GRADENS, FL 33418	
31 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JONES, DAVID G.	
33 STREET ADDRESS	288 FLAMINGO DRIVE	
34 CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	HUSHING, WILLIAM C.	
43 STREET ADDRESS	1640 TWELVE OAKS WAY #103	
44 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	JENKS, ROBERT H.	
53 STREET ADDRESS	108 LAKESHORE DRIVE #641	
54 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	KNIGHT, PETER L.	
63 STREET ADDRESS	201 RUSSLYN DRIVE	
64 CITY - ST - ZIP	WSET PALM BEACH, FL 33405	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **MICKEY SALAZAR** 4-15-96 407-622-9374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E037 (12/95)