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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12586 (6)
1. Corporation Name
**NAVY LEAGUE OF THE UNITED STATES, PALM BEACH COU
NCIL, INC.**



Principal Place of Business P O BOX 241 PALM BEACH FL 33480	Mailing Address P O BOX 241 PALM BEACH FL 33480-0241
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3. Date Incorporated or Qualified 12/17/1985		3a. Date of Last Report 04/19/1996	
4. FEI Number 65-0033917		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
**SALAZAR, MICKEY
14326 ARDEL DR
PALM BCH GDNS FL 33410**

10. Name and Address of New Registered Agent
81 Name
Irving Silver
82 Street Address (P.O. Box Number is Not Acceptable)
8725 Native Dancer Road
83
84 City
Palm Beach Gardens FL 85 Zip Code
33418

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 *Irving Silver* **Irving Silver, President** 3/11/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SALAZAR, MICKEY	
STREET ADDRESS	14326 ARDEL DR	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SILVER, IRV	
STREET ADDRESS	8725 NATIVE DANCER RD	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JONES, DAVID G	
STREET ADDRESS	288 FLAMINGO DR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUSHING, WILLIAM C	
STREET ADDRESS	1640 TWELVE OAKS WAY 103	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JENKS, ROBERT H	
STREET ADDRESS	108 LAKESHORE DR 641	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	D	<input checked="" 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

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Irving Silver	
1.3 STREET ADDRESS	8725 Native Dancer Road	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert R. Braeder	
2.3 STREET ADDRESS	19055 Loxahatchee River Road	
2.4 CITY-ST-ZIP	Jupiter, FL 33458	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Glen C. Renaud	
3.3 STREET ADDRESS	5701 Whirlaway Road	
3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Philip L. Dumire	
4.3 STREET ADDRESS	13314 Doubletree Circle	
4.4 CITY-ST-ZIP	Wellington, FL 33414	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jennie Lea	
5.3 STREET ADDRESS	3217 NW Perimeter Road	
5.4 CITY-ST-ZIP	Palm City, FL 34990-4914	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Edward D. Resnik	
6.3 STREET ADDRESS	342 Country Club Drive	
6.4 CITY-ST-ZIP	Tequesta, FL 33469	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Irving Silver* **Irving Silver, President** 3/11/97 (561) 355-7100

CR2E037 (9/96)