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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12586

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/17/1985	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
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9. Name and Address of Current Registered Agent SHANCK, STANLEY E. 2025 BEDFORD DR PALM BEACH GARDENS FL 33403	10. Name and Address of New Registered Agent 81 Name Edward D. Resnik 82 Street Address (P.O. Box Number is Not Acceptable) 342 Country Club Drive 83 84 City Tequesta FL 85 Zip Code 33469
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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 Edward D. Resnik
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	SHANCK, STANLEY E. 2025 BEDFORD DR PALM BEACH GARDENS FL 33403	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME Edward D. Resnik	
STREET ADDRESS		1.3 STREET ADDRESS 342 Country Club Drive	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Tequesta, FL 33469	
TITLE D	BRAEDER, ROBERT R 19055 LOXAHATCHEE RIVER ROAD JUPITER FL	2.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME NORMAN F. DALY	
STREET ADDRESS		2.3 STREET ADDRESS 126 Lake Shore Dr.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP North Palm Beach, FL 33408	
TITLE S	TURNER, HELEN 325 29TH ST WEST PALM BEACH FL 33407	3.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME William H. McCauley	
STREET ADDRESS		3.3 STREET ADDRESS 777 Brightwood Way	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Wellington, FL 33414	
TITLE D	DUNMIRE, PHILLIP L 13314 DOUBLETREE CIRCLE WELLINGTON FL 33414	4.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME Phillip L. Dunmire	
STREET ADDRESS		4.3 STREET ADDRESS 13314 DoubleTree Circle	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Wellington, FL 33414	
TITLE D	KNIGHT, PETER L 201 RUSSLYN DR WEST PALM BEACH FL 33405	5.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME Peter L. Knight	
STREET ADDRESS		5.3 STREET ADDRESS 201 Russlyn Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP West Palm Beach, FL 33405	
TITLE VP	RESNIK, EDWARD D 342 COUNTRY CLUB DR TEQUESTA FL 33469	6.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME STANLEY E. SHANCK	
STREET ADDRESS		6.3 STREET ADDRESS 2025 Bedford Dr	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Palm Beach Gardens, FL 33403	

14. I 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, with all other like empowered.

SIGNATURE: William H. McCauley 4/24/99 (561) 793-5558
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)