

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90086 028 ****61.25

DOCUMENT # N12586

1. Entity Name

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

Principal Place of Business

Mailing Address

PO BOX 14344
 NORTH PALM BEACH FL 33408

PO BOX 14344
 NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0033917

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORDAN, EMORY C III
 415 SECOND AVE N
 LAKE WORTH FL 33460**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ON 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WAYLETT, WILLIAM	
STREET ADDRESS	4155 HAVERHILL RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DALY, NORMAN F	
STREET ADDRESS	126 LAKESHORE DR #126	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARNDT, HARRIET M	
STREET ADDRESS	64 SPANISH RIVER DR	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PEDRICK, DANIEL	
STREET ADDRESS	4196 WINGO ST	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WARNER, PEGGY R	
STREET ADDRESS	300 N OCEAN DR #22A	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILVER, IRV	
STREET ADDRESS	8725 NATIVE DANCER RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALY, NORMAN F	
STREET ADDRESS	126 LAKESHORE DR #126	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN SICKLE JOHN D	
STREET ADDRESS	4082 CHESTNUT AVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HABICHT FRANK H	
STREET ADDRESS	209 SANFORD AVE	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, PEGGY R	
STREET ADDRESS	3000 N. OCEAN DR #22A	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, PETER L	
STREET ADDRESS	201 RUSSLYN DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
 DALY, NORMAN F

2.7.02

(561) 715 2009

CR2E037 (9/01)