

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90015 014 ****61.25

DOCUMENT # N12586

1. Entity Name
**NAVY LEAGUE OF THE UNITED STATES, PALM BEACH
COUNCIL, INC.**



Principal Place of Business
**PO BOX 14344
NORTH PALM BEACH, FL 33408**

Mailing Address
**PO BOX 14344
NORTH PALM BEACH, FL 33408**

54012587



02232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0033917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALY, NORMAN F 126 LAKESHORE DR #1126 NORTH PALM BEACH, FL 33408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAN SICKLE, JOHN D 4082 CHESTNUT AVE PALM BEACH GARDENS, FL 33410
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABICHT, FRANK H 208 SANFORD AVE PALM BEACH, FL 33480
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEDRICK, DANIEL 4196 WINGO ST TEQUESTA, FL 33469
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, MERRY T 431 N. LYRA CIR. JUNO BEACH, FL 33480
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNIGHT, PETER L 201 RUSSLYN DR WEST PALM BEACH, FL 33405
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. K... 561
JOHN F. K... *TAKAS 2/24/04 745 9500*
Date Daytime Phone