

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90024 036 \*\*\*\*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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152006 Chg-NP CR2E037 (11/05)

4. FEI Number  
65-0033917

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROELICH, JOHN F  
12008 SOUTH SHORE BLVD  
SUITE 211  
WELLINGTON, FL 33414

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. 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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME DALY, NORMAN F  
STREET ADDRESS 126 LAKESHORE DR #1126  
CITY - ST - ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D ☒ Delete  
NAME BRETT, LIN  
STREET ADDRESS PO BOX 533  
CITY - ST - ZIP PALM BEACH, FL 33480

TITLE ☐ Change ☐ Addition  
NAME P  
STREET ADDRESS SULLIVAN THOMAS  
CITY - ST - ZIP 1213 EAGLE GUNWAY  
STUART FL 34997

TITLE D ☐ Delete  
NAME HABICHT, FRANK H  
STREET ADDRESS 208 SANFORD AVE  
CITY - ST - ZIP PALM BEACH, FL 33480

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE VPD ☐ Delete  
NAME PEDRICK, DANIEL  
STREET ADDRESS 4196 WINGO ST  
CITY - ST - ZIP TEQUESTA, FL 33469

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D ☐ Delete  
NAME O'DONNELL, MERRY T  
STREET ADDRESS 431 N. LYRA CIR.  
CITY - ST - ZIP JUNO BEACH, FL 33480

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE VPD ☐ Delete  
NAME KNIGHT, PETER L  
STREET ADDRESS 201 RUSSLYN DR  
CITY - ST - ZIP WEST PALM BEACH, FL 33405

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

TALAS

1/18/06

561-288 9500