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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42155 (4)

1. Corporation Name

THE NAVY LEAGUE OF THE UNITED STATES, TAMPA COUNCIL, INC.

Principal Place of Business	Mailing Address
707 SOUTH PACKWOOD AVENUE TAMPA FL 33606	707 SOUTH PACKWOOD AVENUE TAMPA FL 33606

3. Date Incorporated or Qualified: 02/18/1991

4. FEI Number: 59-2628997 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALLMAN, PATRICK H
707 SO PACKWOOD AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	ALLEN, MARTY		1.2 NAME	SILAH, ROBERT	
STREET ADDRESS	10212 TARRAGON DR		1.3 STREET ADDRESS	5022 BARROWE DR	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, LOIS		2.2 NAME		
STREET ADDRESS	10212 TARRAGON DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SCHAAB, ROBERT		3.2 NAME	DENSON, ARNOLD	
STREET ADDRESS	PO BOX 15576		3.3 STREET ADDRESS	618 PRADO PLACE	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PALMER, JOANNE		4.2 NAME		
STREET ADDRESS	4607 BEAUCHAMP RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALLMAN, PATRICK H		5.2 NAME		
STREET ADDRESS	707 S. PACKWOOD AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		5.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	6.1 TITLE	S/D	☒ Change ☐ Addition
NAME	SCARTONE, ELLIE L.		6.2 NAME	PALMER, JOANNE	
STREET ADDRESS	3131 FEATGERWOOD CT		6.3 STREET ADDRESS	4607 BEAUCHAMP RD	
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	PLANT CITY, FL 33567	

CR2E037 (10/97)

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.

SIGNATURE: [illegible] REQUIRED PATRICK H. ALLMAN 1-24-98 (813) 228-4213