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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
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DOCUMENT # N42155 (4)

1. Corporation Name

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

Principal Place of Business

707 SOUTH PACKWOOD AVENUE
TAMPA FL 33606

Mailing Address

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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

10. Name and Address of New Registered Agent

ALLMAN, PATRICK H
707 SO PACKWOOD AVE
TAMPA FL 33606

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ALLEN, MARTY
STREET ADDRESS 10212 TARRAGON DR
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME ALLEN, LOIS
STREET ADDRESS 10212 TARRAGON DR
CITY-ST-ZIP TAMPA FL

TITLE VD ☒ DELETE

NAME SCHAAB, ROBERT
STREET ADDRESS PO BOX 15576
CITY-ST-ZIP TAMPA FL

TITLE VD ☒ DELETE

NAME PALMER, JOANNE
STREET ADDRESS 4607 BEAUCHAMP RD
CITY-ST-ZIP PLANT CITY FL

TITLE TD ☐ DELETE

NAME ALLMAN, PATRICK H
STREET ADDRESS 707 S. PACKWOOD AVE.
CITY-ST-ZIP TAMPA FL 33606

TITLE SD ☒ DELETE

NAME SCARTONE, ELLIE L.
STREET ADDRESS 3131 FEATGERWOOD CT
CITY-ST-ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME SILAH, ROBERT
1.3 STREET ADDRESS 5022 BARROWE DR
1.4 CITY-ST-ZIP TAMPA, FL 33624

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD ☒ Change ☐ Addition

3.2 NAME DENSON, ARNOLD
3.3 STREET ADDRESS 618 PRADO PLACE
3.4 CITY-ST-ZIP TAVELAND, FL 33803

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

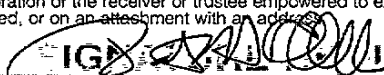
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE SD ☒ Change ☐ Addition

6.2 NAME PALMER, JOANNE
6.3 STREET ADDRESS 4607 BEAUCHAMP RD
6.4 CITY-ST-ZIP PLANT CITY, FL 33567

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:

IGX  PATRICK H. ALLMAN 1-24-98 (813) 228-213

CR2E037 (10/97)