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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42155

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

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

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

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

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

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

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		☐ Change ☐ Addition
NAME	SILAH, ROBERT		1.2 NAME		
STREET ADDRESS	5022 BARROWE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	ALLEN, LOIS		2.2 NAME	JIM BARTH	
STREET ADDRESS	10212 TARRAGON DR		2.3 STREET ADDRESS	12024 SteppingStone Blvd	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33625	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DENSON, ARNOLD		3.2 NAME		
STREET ADDRESS	618 PRADO PALCE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALLMAN, PATRICK H		4.2 NAME		
STREET ADDRESS	707 S. PACKWOOD AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	PALMER, JOANNE		5.2 NAME	JIM MAGUIRE	
STREET ADDRESS	4607 BEAUCHAMP RD		5.3 STREET ADDRESS	3903 KINNERY RUN	
CITY-ST-ZIP	PLANT CITY FL 33567		5.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PATRICK H. ALLMAN 4.1.99 813-335-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #