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FILED  
Mar 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000005189 (4)

1. Corporation Name

NAVY LEAGUE OF THE UNITED STATES, GREATER CLEARWATER COUNCIL, INC.

Principal Place of Business

Mailing Address

14961 SOVEREIGN DR.  
LARGO FL 34644  
US

14961 SOVEREIGN DR.  
LARGO FL 33774-4909  
US



2. Principal Place of Business

2a. Mailing Address

21 14961 Sovereign Dr.  
Suite, Apt. #, etc.

26 14961 Sovereign Drive  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Largo FL  
Zip Country

28 Zip Country

24 33774-4909 25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
10/30/1995

3a. Date of Last Report  
04/02/1996

4. FEI Number  
APPLIED FOR 59-3369479

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

WATERS, WARREN E  
14961 SOVEREIGN DR.  
LARGO FL 34644

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 of the person filing this report, or the agent and the applicable)

(Signature of Registered Agent required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                              |                                            |
|----------------|------------------------------|--------------------------------------------|
| TITLE          | PD                           | <input type="checkbox"/> DELETE            |
| NAME           | JARET, JOSEPH                |                                            |
| STREET ADDRESS | 127 BOCA CIEGA POINT BLVD N. |                                            |
| CITY, ST, ZIP  | MADEIRA BEACH FL 33708       |                                            |
| TITLE          | VPD                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | LIBERTY, ROBERT A            |                                            |
| STREET ADDRESS | 978 VICTOR HERBERT DR.       |                                            |
| CITY, ST, ZIP  | LARGO FL 34641               |                                            |
| TITLE          | TD                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | FRENCH, THEDA                |                                            |
| STREET ADDRESS | 601 STARKEY ROAD #29         |                                            |
| CITY, ST, ZIP  | LARGO FL                     |                                            |
| TITLE          | SD                           | <input type="checkbox"/> DELETE            |
| NAME           | BANDELOW, BETTY              |                                            |
| STREET ADDRESS | 50 BATH CLUB CIRCLE          |                                            |
| CITY, ST, ZIP  | N. REDINGTON BEACH FL 33708  |                                            |
| TITLE          | JAD                          | <input type="checkbox"/> DELETE            |
| NAME           | WATERS, WARREN E             |                                            |
| STREET ADDRESS | 14961 SOVEREIGN DR.          |                                            |
| CITY, ST, ZIP  | LARGO FL 34644               |                                            |
| TITLE          | D                            | <input type="checkbox"/> DELETE            |
| NAME           | DISSETTE, BETTY J            |                                            |
| STREET ADDRESS | 107 POINCIANA LANE           |                                            |
| CITY, ST, ZIP  | HARBOR BLUFFS FL 34640       |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS |                                                                              |
| 14 CITY, ST, ZIP  |                                                                              |
| 21 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME           | Vp D                                                                         |
| 23 STREET ADDRESS | Pucci, G. Leonard                                                            |
| 24 CITY, ST, ZIP  | 2406 Summerlin Dr,<br>Clearwater FL 34624                                    |
| 31 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME           | T                                                                            |
| 33 STREET ADDRESS | Rosko, John E.                                                               |
| 34 CITY, ST, ZIP  | 220 Pine Road<br>Belleair FL 34616                                           |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                                                                              |
| 43 STREET ADDRESS |                                                                              |
| 44 CITY, ST, ZIP  |                                                                              |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                                                              |
| 53 STREET ADDRESS |                                                                              |
| 54 CITY, ST, ZIP  |                                                                              |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                                                              |
| 63 STREET ADDRESS |                                                                              |
| 64 CITY, ST, ZIP  |                                                                              |

14. I do 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:

Warren E. Waters  
Director

Warren E. Waters  
Director

4 March 1997

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CR2E037 (9/96)