

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005991 (3)

1. Corporation Name

**NAVY LEAGUE OF THE UNITED STATES, WOMENS COUNCIL
BROWARD COUNTY, INC.**

Principal Place of Business

**970 SW 15TH STREET
BOCA RATON FL 33432**

Mailing Address

**970 SW 15TH STREET
BOCA RATON FL 33432**



3. Date Incorporated or Qualified

12/21/1995

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

**FINK, ROBERT S
50 SE 12TH STREET STES 135
BOCA RATON FL 33432**

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **MARTINDALE, JEAN**
STREET ADDRESS **50 SE 12TH ST. STE 135**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☒ DELETE

NAME **ENGLAND, MARIAN**
STREET ADDRESS **1236 HILLSBORO MILE STE 308**
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE **D** ☐ DELETE

NAME **O'NEILL, MARION O**
STREET ADDRESS **1130 SPANISH RIVER ROAD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ DELETE

NAME **DEWARE, MARY C**
STREET ADDRESS **400 SE 10TH STREET STE 114**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ DELETE

NAME **BEVENS, MARY C**
STREET ADDRESS **3400 GALT OCEAN DRIVE STE 703-S**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **V** ☐ DELETE

NAME **SHORT, MARY I**
STREET ADDRESS **970 SW 15TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33432**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☒ Change ☐ Addition

**WILSON Richard J.
1920 S. OCEAN DR 406
FT LAUDERDALE FL 33316**

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Richard J. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 ⁽²⁰⁵⁾ **763-7762**

Date Daytime Phone #

CR2E037 (12/95)