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FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 33486-68563. Date Incorporated or Qualified
12/21/19953a. Date of Last Report
05/28/1996

2. Principal Place of Business

21 250 NE 20th St

2a. Mailing Address

26 250 NE 20th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #425 S

27 #425 S

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Country

Zip

Country

24 33431

25 USA

29 33431

30 USA

4. FEI Number

APPLIED FOR 65-
0660523

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MARTINDALE, JEAN
STREET ADDRESS 50 SE 12TH ST. STE 135
CITY-ST-ZIP BOCA RATON FL 334321.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Lewis, Bug3
1.3 STREET ADDRESS 250 NE 20th St #425 S
1.4 CITY-ST-ZIP Boca Raton, FL 33431TITLE D ☐ DELETE
NAME WILSON, RICHARD J
STREET ADDRESS 1920 S OCEAN DR 406
CITY-ST-ZIP FT LAUDERDALE FL 333162.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Devine, Harriet
2.3 STREET ADDRESS 3740 NW 101st Ave
2.4 CITY-ST-ZIP Coral Springs, FL 33065TITLE D ☐ DELETE
NAME O'NEILL, MARION O
STREET ADDRESS 1130 SPANISH RIVER ROAD
CITY-ST-ZIP BOCA RATON FL 334323.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME DEWARE, MARY C
STREET ADDRESS 400 SE 10TH STREET STE 114
CITY-ST-ZIP DEERFIELD BEACH FL 334414.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BEVENS, MARY C
STREET ADDRESS 3400 GALT OCEAN DRIVE STE 703-S
CITY-ST-ZIP FORT LAUDERDALE FL 333085.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE V ☒ DELETE
NAME SHORT, MARY I
STREET ADDRESS 970 SW 15TH STREET
CITY-ST-ZIP BOCA RATON FL 334326.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

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

4/16/97

Date

954-763-7762

Daytime Phone # 0045072

CR2E037 (9/96)