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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N96000004743 (8)**

1. Corporation Name
NAVY SEABEE VETERANS OF AMERICA, ISLAND X-17FL I NC.

Principal Place of Business	Mailing Address
6101 DESOTO AVE NEW PORT RICHEY FL 34653-4128	6101 DESOTO AVE NEW PORT RICHEY FL 34653-4128

3. Date Incorporated or Qualified: 09/11/1996

4. FEI Number: 59-3173863 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 9939 BROOKDALE DRIVE	26 9939 BROOKDALE DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NEW PORT RICHEY, FL	28 City & State: NEW PORT RICHEY, FL
24 Zip: 34655	29 Zip: 34655
25 Country: USA	30 Country: USA

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
WALLACE, JAMES W 6101 DESOTO AVE NEW PORT RICHEY FL 34653-4128	81 Name: LOHRENTZ, ROBERT A. 82 Street Address (P.O. Box Number is Not Acceptable): 9939 BROOKDALE DRIVE 83 84 City: NEW PORT RICHEY FL 85 Zip Code: 34655

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: Robert A Lohrentz SECRETARY — DATE: 1/27/98
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	D	☒ DELETE	1.1 TITLE	~~VICE COMMANDER~~ D	☐ Change ☒ Addition
NAME	JONES, FRANKLIN E		1.2 NAME	WARREN J. FLADING	
STREET ADDRESS	8476 CESSNA DR		1.3 STREET ADDRESS	9707 FARGO DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 02		1.4 CITY-ST-ZIP	Hudson, FL 34667-3436	
TITLE	D	☐ DELETE	2.1 TITLE	~~SECRETARY~~ D	☐ Change ☒ Addition
NAME	COFRANCESCO, ANTHONY		2.2 NAME	ROBERT A. LOHRENTZ	
STREET ADDRESS	4726 ADDAX DR		2.3 STREET ADDRESS	9939 BROOKDALE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 50		2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, JAMES W		3.2 NAME		
STREET ADDRESS	6101 DESOTO AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 28		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (10/97)

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: Robert A Lohrentz ROBERT A. LOHRENTZ 1/27/98 813-376-4784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #