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Secretary of State

02-24-1999 90021 034 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004743

1. Corporation Name

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

Principal Place of Business

**9939 BROOKDALE DR
NPR FL 34655
US**

Mailing Address

**9939 BROOK DALE DR
NEW PT RICHEY FL 34655
US**



2. Principal Place of Business 21 7917 Woburn St. Suite, Apt. #, etc. 22	2a. Mailing Address 26 7917 Woburn St. Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 09/11/1996
City & State 23 New Port Richey Zip FL 34653 Country USA	City & State 28 New Port Richey, FL Zip 34653 Country USA	4. FEI Number 59-3173863 Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing ☐	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent PAUL J. RIZZO 6101 E. NEW PORT RICHEE NEW PORT RICHEE, FL 34653	10. Name and Address of New Registered Agent 81 Name 82 Street 83 84 City EOCS Paul Rizzo (SCW) Ret 7917 Woburn St New Port Richey, FL 34653 FL 85 Zip Code
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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 **PAUL J. RIZZO** DATE **11 JAN. 99**
Signature, typed or printed name of registered agent and title if applicable. (NOT: 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	P/D ☒ Change ☒ Addition
NAME	FLADING, W J ✓	1.2 NAME	Yannarella, J.
STREET ADDRESS	9707 FARGO DR	1.3 STREET ADDRESS	4409 Konga Court
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	New Port Richey, FL 34655-1637
TITLE	D ☒ DELETE	2.1 TITLE	VP/D ☐ Change ☒ Addition
NAME	COFRANCESCO, ANTHONY ✓	2.2 NAME	Rizzo, P.J.
STREET ADDRESS	4726 ADDAX DR	2.3 STREET ADDRESS	7917 Woburn Street
CITY-ST-ZIP	NEW PORT RICHEY FL 50	2.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	SECRETARY ☐ DELETE	3.1 TITLE	S/D ☒ Change ☐ Addition
NAME	LOHRENTZ, R.A.	3.2 NAME	Lohrentz, R.A.
STREET ADDRESS	9939 BROOK DALE DR	3.3 STREET ADDRESS	9939 Brookdale DR
CITY-ST-ZIP	NPR FL 34655	3.4 CITY-ST-ZIP	NPR, FL 34655
TITLE	Commander ☐ DELETE	4.1 TITLE	S/D ☐ Change ☒ Addition
NAME	YANNARELLA J.	4.2 NAME	Vaughan, R.J.
STREET ADDRESS	4409 KONGA COURT	4.3 STREET ADDRESS	4217 Castlewood Dr
CITY-ST-ZIP	New Port Richey, FL 34655-1637	4.4 CITY-ST-ZIP	Holiday, FL 34691
TITLE	Vice Commander ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RIZZO P.J.	5.2 NAME	
STREET ADDRESS	7917 Woburn St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	New Port Richey, FL 34653	5.4 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	VAUGHAN R.J.	6.2 NAME	
STREET ADDRESS	4217 Castlewood, Dr.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 34691	6.4 CITY-ST-ZIP	

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: **PAUL J. RIZZO** DATE: **11 JAN. 99** DAYTIME PHONE #: **727-376-0178**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)