

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723017

FILED
Feb 25, 2021
Secretary of State
8115017975CC

Entity Name: NAVY LEAGUE OF THE UNITED STATES, FORT LAUDERDALE COUNCIL, INC.

Current Principal Place of Business:

845 S. SOUTHLAKE DRIVE
HOLLYWOOD, FL 33019

Current Mailing Address:

PO BOX 350625
FT LAUDERDALE, FL 33335-0625 US

FEI Number: 59-1412425

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATKINSON, LYNN
845 S. SOUTHLAKE DRIVE
HOLLYWOOD, FL 33019 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LYNN ATKINSON

02/25/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MONTES, ABIUD
Address 9860 NW 10 STREET
City-State-Zip: PLANTATION FL 33322

Title DIRECTOR
Name HOGG, ELAINE
Address 4236 N OCEAN DRIVE
City-State-Zip: HOLLYWOOD FL 33019

Title VPD
Name PIRTLE, GARY
Address 1017 STERLING PINE PLACE
City-State-Zip: LOXAHATCHEE FL 33470

Title VPD
Name STARR, ALAN
Address 7763 SOUTHAMPTON TERRACE #408
City-State-Zip: TAMARAC FL 33321

Title SD
Name NASTA, ELAINE
Address 882 SW 120 WAY
City-State-Zip: DAVIE FL 33325

Title OTHER
Name CHOSID, RICHARD
Address 3110 NE 48 STREET
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title ASST. TREASURER
Name MOLINA, DIANA
Address 7860 PETERS RD F-100
City-State-Zip: PLANTATION FL 33324

Title T
Name STOTSKY, ALAN
Address 728 SW 4 ST #1
City-State-Zip: FT LAUDERDALE FL 33312

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ABIUD MONTES

PRESIDENT

02/25/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VPD
Name KELLEHER, BARBRA
Address 2624 TORTUGAS LANE
City-State-Zip: FT LAUDERDALE FL 33309