

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N11464

**Entity Name:** NAVAL CONTINUING CARE RETIREMENT FOUNDATION, INC.

**Current Principal Place of Business:**

1 FLEET LANDING BLVD.  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

1 FLEET LANDING BLVD.  
ATLANTIC BEACH, FL 32233 US

**FEI Number:** 59-2708341

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASHBY, JOSHUA  
1 FLEET LANDING BLVD.  
ATLANTIC BEACH, FL 32233 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name ATTER, HELEN  
Address 1 FLEET LANDING BLVD  
City-State-Zip: ATLANTIC BEACH FL 32233

Title VP  
Name MITRICK, JOSEPH  
Address 1 FLEET LANDING BLVD.  
City-State-Zip: ATLANTIC BEACH FL 32233

Title SD  
Name ASHBY, JOSHUA  
Address 1 FLEET LANDING BLVD.  
City-State-Zip: ATLANTIC BEACH FL 32233

Title TD  
Name STRUCK, WILLIAM  
Address 1 FLEET LANDING BLVD.  
City-State-Zip: ATLANTIC BEACH FL 32233

*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:** JOSHUA ASHBY

SD

05/06/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date