2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am **Secretary of State**

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1. Entity Name



NAVY LEAGUE OF THE UNITED STATES, FORT LAUDERDALE COUNCIL, INC. Principal Place of Business Mailing Address 54023956 C/O ROSEMARIE DEZOLT 2161 NE 55TH CT FT. LAUDERDALE, FL 33308 2161 NE 55TH CT US FT. LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202004 Chq-NP CR2E037 (10/03) Applied For 4. FEI Number 59-1412425 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEZOLT, ROSEMARIE Street Address (P.O. Box Number is Not Acceptable) 2161 NE 55TH CT FT. LAUDERDALE, FL 33308 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to **\$5.00** May Be Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Addition TITLE ☐ Delete Change | MADZINSKI, MACK E III NAME NAME 1201 S.W. 63RD AVENUE STREET ADDRESS STREET ADDRESS PLANTATION, FL 33317 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE DINUAZIO, NICHOLAS NAME NAME STREET ADDRESS 1390 S OCEAN BLVD 5D STREET ADDRESS POMPANO BEACH, FL 33062 CITY-ST-7IP CITY-ST-7/P ☐ Delete Change ☐ Addition TITLE TITLE LEARY, BRIAN NAME 2870 NE 28TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33306 CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG NING OFFICER OR DIRECTOR