2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 826055

1. Entity Name
THE NAVIGATORS

Principal Place of Business	Mailing Address
3820 N 30TH ST COLORADO SPRINGS, CO 80934	P.O. BOX 6000 ATTN: CORPORATE AFFAIRS COLORADO SPRINGS, CO 80904

01052004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
84-6007896
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NELLIS, JOHN
2646 BROOME CIRCLE
CANTONMENT, FL 32533

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WHITE, JERRY E
STREET ADDRESS	762 GREY EAGLE CIRCLE S
CITY-ST-ZIP	COLORADO SPRINGS, CO 80919
TITLE	PCEO
NAME	ANDREWS, ALAN K
STREET ADDRESS	2735 TARTAN LANE
CITY-ST-ZIP	COLORADO SPRINGS, CO 80920
TITLE	SVCF
NAME	WEEKS, W. ANDREW JR
STREET ADDRESS	2735 TARTAN LN
CITY-ST-ZIP	COLORADO SPRINGS, CO 80918
TITLE	SVCO
NAME	LIBBY, LAUREN D
STREET ADDRESS	6166 DEL PAZ DR
CITY-ST-ZIP	COLORADO SPRINGS, CO 80918
TITLE	T
NAME	NEUMANN, LEON A
STREET ADDRESS	3915 JASMINE ST
CITY-ST-ZIP	COLORADO SPRINGS, CO 80907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leon A Neumann, Treas 1/6/04 719-598-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #