FILE NOW: FILING FEE IS $61.25

FILED
Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90066 014 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02300

1. Corporation Name

NAVY SEABEE VETERANS OF AMERICA, INCORPORATED, D EPARTMENT OF FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
1431 S OCEAN BLVD 62 POMPANO BCH FL 33062 US	1431 S OCEAN BLVD 62 POMPANO BCH FL 33062 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualifed: 03/30/1984

4. FEI Number: 37-6049184 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HOFFMAN, RICHARD E
1431 S OCEAN BLVD
62
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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		☐ Change ☐ Addition
NAME	HOFFMAN, RICHARD		1.2 NAME		
STREET ADDRESS	1431 S. OCEAN BLVD. #62		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LINDENMAYER, JAMES		2.2 NAME		
STREET ADDRESS	1310 NE 15 LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33064		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	YANARELLA, JOSEPH		3.2 NAME		
STREET ADDRESS	7958 ADEN LOOP		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAGIC, ROBERT		4. 2 NAME		
STREET ADDRESS	925 N. 32ND AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARDWELL, WILLIAM		5.2 NAME		
STREET ADDRESS	P.O. BOX 3409 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33568		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	GILBERT, JAMES		6.2 NAME		
STREET ADDRESS	8592 MARS DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Richard E. Hoffman **REQUIRED** RICHARD E. HOFFMAN (954) 943-3314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #