

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004320

FILED
Feb 26, 2007
Secretary of State

Entity Name: NAVAL ENLISTED BOMBARDIER/NAVIGATORS, INC.

Current Principal Place of Business:

243 FRASER ROAD
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530447
DEBARY, FL 32753

New Mailing Address:

FEI Number: 61-1471642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JAMES H
243 FRASER ROAD
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTIN, RICHARD
Address: 117 N SUNLAND DR
City-St-Zip: SANFORD, FL 32773

Title: DS () Delete
Name: NOTO, CARL D
Address: 7316 ARROWHEAD RUN
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: LINDT, JIMMIE L
Address: 13083 CONCORD DR W
City-St-Zip: LILLIAN, AL 36549

Title: D () Delete
Name: BEERS, GEORGE E
Address: 506 HERRERA CT
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: MUSGROVE, WAYNE
Address: 31 CRANE PARK
City-St-Zip: HATTIESBURG, MS 394028249

Title: D () Delete
Name: PIERCE, DONALD W
Address: 214 S ALBANY AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PIERCE, DONALD W
Address: 2805 W. HORATIO STREET APT-8
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD MARTIN

D

02/26/2007

Electronic Signature of Signing Officer or Director

Date