2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N08000007409

Entity Name: NAVY LEAGUE OF THE UNITED STATES, ST. AUGUSTINE COUNCIL INC.

Current Principal Place of Business:

C/O JOHN MOUNTCASTLE
13 MARSHVIEW DRIVE
ST. AUGUSTINE, FL 320809182

New Principal Place of Business:

C/O JOHN MOUNTCASTLE
16 MARSHVIEW DRIVE
ST. AUGUSTINE, FL 320809182

Current Mailing Address:

PO BOX 5194
ST. AUGUSTINE, FL 320855194 ``

New Mailing Address:

FEI Number: 26-3140656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOUNTCASTLE, JOHN
13 MARSHVIEW DRIVE
ST. AUGUSTINE, FL 320809182 US

Name and Address of New Registered Agent:

MOUNTCASTLE, JOHN
16 MARSHVIEW DRIVE
ST. AUGUSTINE, FL 320809182 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: _____ 03/19/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TUROWSKI, THEODORE
Address: 46 COLD SPRING CT
City-St-Zip: PALM COAST, FL 321378336

Title: VD ( ) Delete
Name: CAVINESS, CLAUDE
Address: 150 SOUTHWIND CIR
City-St-Zip: ST. AUGUSTINE, FL 320805352

Title: TD ( ) Delete
Name: MOUNTCASTLE, JOHN
Address: 16 MARSHVIEW DR
City-St-Zip: ST. AUGUSTINE, FL 320809182

Title: SD ( ) Delete
Name: PROFFIT, A
Address: 937 ESPINADO AVE
City-St-Zip: ST. AUGUSTINE, FL 320867122

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:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN MOUNTCASTLE TD 03/19/2009
Electronic Signature of Signing Officer or Director — Date