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95 FEB 22 PH 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16550 (8)
1. Corporation Name
NJST SEAHAWKS, INC.

Principal Place of Business Mailing Address
PO BOX 14 JACKSONVILLE NAVAL AIR STATION JACKSONVILLE FL 32212

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/27/1986** 3a. Date of Last Report **02/25/1994**

4. FEI Number **59-2591976** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RASEN, SUSIE
2755 OAK STREET
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent
81 Name **ROSEN, SUSIE**
82 Street Address (P.O. Box Number is Not Acceptable) **same**
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLE, DWIGHT
STREET ADDRESS	2260 YELLOW PINE CT
CITY - ST - ZIP	ORANGE PARK FL
TITLE	VP
NAME	RIESTERER, DAVID
STREET ADDRESS	3507 WESTOVER RD
CITY - ST - ZIP	ORANGE PARK FL
TITLE	Y
NAME	CARPENTER, D. PATRICIA
STREET ADDRESS	2037 SEVEN OAKS CT
CITY - ST - ZIP	ORANGE PARK FL
TITLE	Y
NAME	RIGGINS, RUTH
STREET ADDRESS	197 VANDERFORD RD W
CITY - ST - ZIP	ORANGE PARK FL
TITLE	P
NAME	ROSEN, SUSIE
STREET ADDRESS	2755 OAK ST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	FARRELL, MAUREEN
STREET ADDRESS	11636 LOIS CROSS DR
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rosen, Susie
1.3 STREET ADDRESS	2755 Oak Street
1.4 CITY - ST - ZIP	Jacksonville, FL 32205
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Watson, Jerry
2.3 STREET ADDRESS	2713 Hollyridge Dr
2.4 CITY - ST - ZIP	Orange Park, FL 32202
3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Riggins, Ruth
3.3 STREET ADDRESS	197 Vanderford Rd., W
3.4 CITY - ST - ZIP	Orange Park, FL 32073
4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Riesterer, David K.
4.3 STREET ADDRESS	3507 Westover Road
4.4 CITY - ST - ZIP	Orange Park, FL 32073
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Love, Sandra
5.3 STREET ADDRESS	540 Timbercrest Ln
5.4 CITY - ST - ZIP	Orange Park, FL 32073
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Salter, Mercedes
6.3 STREET ADDRESS	6410 Diamond Leaf Ln
6.4 CITY - ST - ZIP	Jacksonville, FL 32244

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the bonding exemption provided in Section 119.07(2)(b), 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.

SIGNATURE: *Susie Rosen* **2/9/95 (904) 382-1004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR