

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16550** (8)

1. Corporation Name  
**NJST SEAHAWKS, INC.**

Principal Place of Business <b>PO BOX 14 JACKSONVILLE NAVAL AIR STATION JACKSONVILLE FL 32212</b>	Mailing Address <b>PO BOX 14 JACKSONVILLE NAVAL AIR STATION JACKSONVILLE FL 32212</b>
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3. Date Incorporated or Qualified

**08/27/1986**

4. FEI Number

**59-2591976**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSON, KATHLEEN A  
2713 HOLLY RIDGE DR  
ORANGE PARK FL 32073**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAM, ELAM</b>	
STREET ADDRESS	<b>P O BOX 111 N/A</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ELAM, WILLIAM</b>	
1.3 STREET ADDRESS	<b>2570 WINDWOOD LANE</b>	
1.4 CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHROTH, DEBORAH</b>	
STREET ADDRESS	<b>2088 PLAINFIELD AVE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, KATHLEEN</b>	
STREET ADDRESS	<b>2713 HOLLY RIDGE DR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAWSON, MARY</b>	
STREET ADDRESS	<b>209 PARKSIDE AVE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

4.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LAWSON, MARY</b>	
4.3 STREET ADDRESS	<b>2750 BROOKWOOD RD.</b>	
4.4 CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>RICE, JANET</b>	
STREET ADDRESS	<b>588 HARRISON AVE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARTER, MARY E</b>	
STREET ADDRESS	<b>301 EDINBURGH LANE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: *Kathleen Watson* **KATHLEEN WATSON** 2/26/98 (904)264-9918

CFR2037 (1097)