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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90016 007 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N16550**

1. Corporation Name

**NJST SEAHAWKS, INC.**

Principal Place of Business

PO BOX 14  
JACKSONVILLE NAVAL AIR STATION  
JACKSONVILLE FL 32212

Mailing Address

PO BOX 14  
JACKSONVILLE NAVAL AIR STATION  
JACKSONVILLE FL 32212



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**08/27/1986**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2591976**

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 PD ☒ DELETE  
NAME ELAM, WILLIAM  
STREET ADDRESS 2570 WINDWOOD LANE  
CITY-ST-ZIP ORANGE PARK FL 32073

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Horton, Linda  
1.3 STREET ADDRESS Rt 1 Box 491 B  
1.4 CITY-ST-ZIP Bryceville, FL 32009

TITLE VD ☒ DELETE  
NAME SCHROTH, DEBORAH  
STREET ADDRESS 2068 PLAINFIELD AVE  
CITY-ST-ZIP ORANGE PARK FL

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME Thompson, Robert  
2.3 STREET ADDRESS 12467 Cool Breeze Way S.  
2.4 CITY-ST-ZIP Jacksonville, FL 32258

TITLE TD ☐ DELETE  
NAME WATSON, KATHLEEN  
STREET ADDRESS 2713 HOLLY RIDGE DR  
CITY-ST-ZIP ORANGE PARK FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME LAWSON, MARY  
STREET ADDRESS 2750 BROOKWOOD RD  
CITY-ST-ZIP ORANGE PARK FL 32073

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME Lawson, Mary  
4.3 STREET ADDRESS 2750 Brookwood Rd.  
4.4 CITY-ST-ZIP Orange Park, FL 32073

TITLE SD ☒ DELETE  
NAME RICE, JANET  
STREET ADDRESS 568 HARRISON AVE  
CITY-ST-ZIP ORANGE PARK FL

5.1 TITLE SD ☐ Change ☒ Addition  
5.2 NAME Moser, Carol  
5.3 STREET ADDRESS 4321 Timuquana Rd.  
5.4 CITY-ST-ZIP Jacksonville, FL 32210

TITLE D ☐ DELETE  
NAME CARTER, MARY E  
STREET ADDRESS 301 EDINBURGH LANE  
CITY-ST-ZIP ORANGE PARK FL

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)