

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18218 (0)

1. Corporation Name

THE NAVAL AVIATION PILOTS TRUST FUND, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4111
PENSACOLA FL 32507P.O. BOX 4111
PENSACOLA FL 32507-01113. Date Incorporated or Qualified
12/11/19863a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCHAL, ROBERT J
309 S 73RD AVE.
PENSACOLA FL 32506

81 Name

WHITE, CHARLES E.

82 Street Address (P.O. Box Number is Not Acceptable)
7404 ST. JAMES PLACE

83

PENSACOLA

FL 32506

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 WHITCOMB, ROY S
STREET ADDRESS 3460 BAYOU DR
CITY-ST-ZIP PENSACOLA FL1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME GREBE, ARTHUR
1.3 STREET ADDRESS 12490 SERRATINE DR.
1.4 CITY-ST-ZIP PENSACOLA FL 32507TITLE D ☐ DELETE
NAME O'LAUGHLIN, FRANCIS M.
STREET ADDRESS 750 WINFRED DRIVE, SOUTH
CITY-ST-ZIP ORANGE PARK FL2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME WILLIAM A. RILEY
2.3 STREET ADDRESS 7406 3/4 ARIZONA AVE
2.4 CITY-ST-ZIP LOS ANGELES CATITLE D ☐ DELETE
NAME KELLY, HAROLD H.
STREET ADDRESS 2347 BELLFLOWER ED.
CITY-ST-ZIP PENSACOLA FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T ☒ DELETE
NAME BUCHAL, ROBERT J
STREET ADDRESS 309 S 73RD AVE
CITY-ST-ZIP PENSACOLA FL4.1 TITLE T ☐ Change ☒ Addition
4.2 NAME WHITE, CHARLES E.
4.3 STREET ADDRESS 7404 ST. JAMES PLACE
4.4 CITY-ST-ZIP PENSACOLA FL 32506TITLE D ☐ DELETE
NAME WHITE, CHARLES E.
STREET ADDRESS 7404 ST. JAMES PLACE
CITY-ST-ZIP PENSACOLA FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

CHARLES E. WHITE

1-22-97

(904) 457-4360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072893

CP2E037 (9/96)