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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N18218**

1. Corporation Name

**THE NAVAL AVIATION PILOTS TRUST FUND, INC.**

Principal Place of Business

P.O. BOX 4111  
PENSACOLA FL 32507

Mailing Address

P.O. BOX 4111  
PENSACOLA FL 32507



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2767100	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent

**WHITE, CHARLES  
7404 ST JAMES PLACE  
PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD
NAME	GREBE, ARTHUR	1.2 NAME	WHITE, CHARLES
STREET ADDRESS	12490 SERATINE DR.	1.3 STREET ADDRESS	--7404 ST JAMES PLACE
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	O'LAUGHLIN, FRANCIS M.	2.2 NAME	
STREET ADDRESS	750 WINFRED DRIVE, SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D
NAME	KELLY, HAROLD H.	3.2 NAME	JONES, ROBERT
STREET ADDRESS	2347 BELLFLOWER ED.	3.3 STREET ADDRESS	395 LEMMINGTON ROAD
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	WHITE, CHARLES E.	4.2 NAME	
STREET ADDRESS	7404 ST JAMES PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	RILEY, WILLIAM A.	5.2 NAME	
STREET ADDRESS	7406 3/4 ARIZONA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Charles E. White* REQUIRED DE. WHITE

3-21-99

850 457 4360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/98)