


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90343 039 ****61.25

DOCUMENT # N18218		
1. Entity 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2767100		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SUMMER, BURREL E 415 GIBBS RD. PENSACOLA FL 32507		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL Zip Code		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE EDWARD F. SPENCER *VP Comptroller* 1-11-03

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	SUMMER, BURREL E	NAME	
STREET ADDRESS	415 GIBBS RD.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	O'LAUGHLIN, FRANCIS M.	NAME	
STREET ADDRESS	750 WINFRED DRIVE, SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JONES, ROBERT	NAME	
STREET ADDRESS	295 LEMMINGTON RD.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	SPENCER, EDWARD F	NAME	
STREET ADDRESS	3887 POTOSI ROAD	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	RILEY, WILLIAM A.	NAME	
STREET ADDRESS	7406 3/4 ARIZONA AVE	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD F. SPENCER 1-11-03 (850) 478-6675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)