

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25433** (6)

1. Corporation Name

NAVY SEA BEE VETERANS ISLAND X12, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O LOUIS URSILLO 7824 MANFIELD HOLLOW RD. DELRAY BEACH FL 33446	Mailing Address C/O LOUIS URSILLO 7824 MANFIELD HOLLOW RD. DELRAY BEACH FL 33446
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3. Date Incorporated or Qualified 03/16/1988	3a. Date of Last Report 03/23/1994
4. FEI Number 36-3382061	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent URSILLO, LOUIS 7824 MANSFIELD HOLLOW RD. DELRAY BEACH FL 33446	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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PO
NAME	CASE, BERNARD
STREET ADDRESS	2850 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BCH. FL
TITLE	VD
NAME	NIXON, RICHAD
STREET ADDRESS	4424 MELALUCA TRAIL
CITY-ST-ZIP	W PALM BCH FL
TITLE	D
NAME	EDWARDS, WILLIAM
STREET ADDRESS	5600 N DIXIE HWY 1907
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	SD
NAME	REID, LEON
STREET ADDRESS	2338 CYPRESS RD.
CITY-ST-ZIP	W. PALM BCH. FL
TITLE	TD
NAME	URSILLO, LOUIS
STREET ADDRESS	7824 MANSFIELD HOLLOW RD
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	LIBERTY, BERNARD
STREET ADDRESS	184 VALENCIA H
CITY-ST-ZIP	DELRAY BEACH, FL 33446

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louis Ursillo **LOUIS URSILLO**
4/18/95 (407) 495-5781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



SEABEE VETERANS OF AMERICA

ISLAND X-12
PALM BEACHES, FLORIDA

APRIL 10, 1993

TO VERIFY NON-PROFIT STATUS CONTACT

MR. E. SMITH
IRS TEL CTR
JACKSONVILLE, FL
TEL 1-800-829-1040

IRS #376049784 IL NAVY SEABEE VETERANS OF AMERICA

LOUIS URSILLO, TREASURER

