## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N25433

FILED Jan 12, 2009 Secretary of State

Entity Name: NAVY SEA BEE VETERANS ISLAND X12, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1282 ESSI WELLING	EX DRIVE TON, FL 33414 US			
Current M	ailing Address:		New Mailing Addres	ss:
1282 ESSI WELLING	EX DRIVE TON, FL 33414 US			
FEI Number	: 36-3382061 FEI Numb	er Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of Current Re	gistered Agent:	Name and Address	of New Registered Agent:
1282 ESSI WELLING The above	TON, FL 33414 US	s statement for the p	ourpose of changing its register	ed office or registered agent, or both,
SIGNATUI	RE:			
	Flootronia Cianatur	a of Dogistarad Age	1	
	Electronic Signatur	e oi Registered Age	ent	Date
OFFICER	S AND DIRECTORS:	e of Registered Age		Date SES TO OFFICERS AND DIRECTORS
Title: Vame: Address:	_	e oi Registereu Age		
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD () Delete NAPIER, JAMES N JR 14539 63RD CT N	e oi Registereu Age	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () Delete NAPIER, JAMES N JR 14539 63RD CT N LOXAHATCHEE, FL 33470  VD () Delete STUFFER, ADOLPH 6304 SILVER MOON LN		ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD () Delete NAPIER, JAMES N JR 14539 63RD CT N LOXAHATCHEE, FL 33470  VD () Delete STUFFER, ADOLPH 6304 SILVER MOON LN LAKE WORTH, FL 33463  VD () Delete SHANKLIN, EDWARD 2286 LAKE OSBORNE DR, A	APT 2	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA J WURSTER LCDR 01/12/2009