

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37239

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** NAVY LEAGUE OF THE UNITED STATES, BROWARD COUNTY, FLORIDA COUNCIL, INC.

**Current Principal Place of Business:**

MARGARET RABEN  
1200 ORANGE ISLE  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

MARGARET RABEN  
1200 ORANGE ISLE  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

**FEI Number:** 65-0179407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RABEN, MARGARET  
1200 ORANGE ISLE  
FORT LAUDERDALE, FL 33315 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GIAMBRONE, JOSEPH  
Address: 1546 BARCELONA WAY  
City-St-Zip: WESTON, FL 33327

Title: JAG ( ) Delete  
Name: RUMIN, EDWARD R  
Address: 2720 E. OAKLAND PARK BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: VPD ( ) Delete  
Name: NEARY, GAYLE MALONE  
Address: 720 BAYSHORE DR., 403  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VPD ( ) Delete  
Name: STEIN, ALAN  
Address: 9431 LIVE OAK PLACE, 106  
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: TD ( ) Delete  
Name: RABEN, MARGARET  
Address: 1200 ORANGE ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: SD ( ) Delete  
Name: GIAMBRONE, MARIANNE  
Address: 1546 BARCELONA WAY  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET RABEN

TREA

04/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date