

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90009 027 ****61.25

DOCUMENT # **N40267**

1. Entity Name

**NAVY LEAGUE OF THE UNITED STATES,
MIAMI COUNCIL, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

1764 SW 24th ST.

3. Mailing Address

1764 SW 24th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33145

Country

U.S.A.

Zip

33145

Country

U.S.A.

4. FEI Number

59-2142466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E037B (5/07)

90107040

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

EILEEN BARTOW

Street Address (P.O. Box Number is Not Acceptable)

1764 SW 24th STREET

City

MIAMI

FL

Zip Code

33145

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

Eileen Bartow **EILEEN BARTOW**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAMES M. JORDAN
STREET ADDRESS	15419 66th DRIVE NORTH
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	V/D
NAME	EILEEN BARTOW
STREET ADDRESS	1764 SW 24th STREET
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	TD
NAME	HILDA ANDREWS
STREET ADDRESS	10205 SW 80th STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	WM V BEST
NAME	WM V BEST
STREET ADDRESS	16581 SW 75 AV
CITY-ST-ZIP	MIAMI FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES M. JORDAN **JAMES M. JORDAN** **5/20/2008** **561-745-5573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #