

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90100 027 ****61.25

0001095

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50085

1. Corporation Name

NAVY SEABEE VETERANS OF AMERICA ISLAND X-9 INC.
JACKSONVILLE, FL.

Principal Place of Business

2304 S. DOLPHIN AVE.
MIDDLEBURG FL 32068

Mailing Address

2304 S. DOLPHIN AVE.
MIDDLEBURG FL 32068



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/24/1992

4. FEI Number

36-3382042

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

AGLES, HAROLD R.
2304 S. DOLPHIN AVE.
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81 Name

82 St

Raymond L. Clemmons

able)

83

439 Jackson Rd.
Jacksonville, FL 32225-0742

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, on 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME AGLES, HAROLD R.
STREET ADDRESS 2304 S. DOLPHIN AVE.
CITY-ST-ZIP MIDDLEBURG FL

DELETE

TITLE DC
NAME POWERS, CHARLES
STREET ADDRESS 5749 COLIMA PL
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE VC
NAME D'ANGELO, EDWARD
STREET ADDRESS 14083 FALCON CREST DR
CITY-ST-ZIP JACKSONVILLE FL 32224

DELETE

TITLE DT
NAME SKRABUT, ANDREW
STREET ADDRESS 2137 FOURAKELL PL
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE DS
NAME CLEMMONE, RAYMOND
STREET ADDRESS 439 JACKSON RD.
CITY-ST-ZIP JACKSONVILLE FL 32225

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)