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May 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004278 (6)

1. Corporation Name

NAVY SEABEE VETERANS OF AMERICA-ISLAND X-3 SARAS
OTA, FL. INC.

Principal Place of Business

Mailing Address

C/O GEORGE GRAHAM
439 MADONNA
NORTH PORT FL 34287C/O GEORGE GRAHAM
439 MADONNA
NORTH PORT FL 34287-25353. Date Incorporated or Qualified
09/07/19953a. Date of Last Report
05/01/19964. FEI Number
37-6049784Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No2. Principal Place of Business
21 Robert B. Leathers
1949 BROOKHAVEN DR
Suite, Apt. #, etc.2a. Mailing Address
26 Robert B. Leathers
1949 BROOKHAVEN DR
Suite, Apt. #, etc.23 SARASOTA FL
Zip Country28 SARASOTA FL
Zip Country

24 34239-3423 25 USA

29 34239-3423 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, JOHN J
1609 MINNESOTA STREET
BRADENTON FL 3428181 Name Robert B. Leathers
82 Street Address (P.O. Box Number is Not Acceptable)
1949 BROOKHAVEN DR
83
84 City SARASOTA FL 85 Zip Code 34239-3423

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, 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 617.0503, Florida Statutes.

SIGNATURE Robert B. Leathers Robert B. Leathers
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME BENNETT, JOHN J
STREET ADDRESS 1609 MINNESOTA STREET
CITY-ST-ZIP VENICE FL 342931.1 TITLE D ☒ Change ☐ Addition
1.2 NAME John UNNEVER
1.3 STREET ADDRESS 5448 Downhammeadow
1.4 CITY-ST-ZIP SARASOTA FL 34235TITLE DS ☒ DELETE
NAME GRAHAM, GEORGE
STREET ADDRESS 439 MADONNA
CITY-ST-ZIP NORTH PORT FL 342872.1 TITLE DS ☒ Change ☐ Addition
2.2 NAME Robert B. Leathers
2.3 STREET ADDRESS 1949 BROOKHAVEN DR.
2.4 CITY-ST-ZIP SARASOTA FL 34239-3423TITLE TD ☐ DELETE
NAME RIPPLE, PERRY W
STREET ADDRESS 3315 SANDLEHEATH ROAD
CITY-ST-ZIP SARASOTA FL 342353.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE: Robert B. Leathers Robert B. Leathers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-925-2089
Daytime Phone # 0084577

CR2E037 (9/96)