NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: G. Leonard Pucci

FILED
Apr 09, 2002 8:00 am
Secretary of State

3-29-2002 (727)531-8026

NAME STREET ADDRESS SHADE, LESLIE N., JR. STREET ADDRESS STREET ADDRESS	DOCUM 1. Entity Name	IENT #N9500,00051	39				09-2002 91159 046 ,	****61.25
2 Principal Page of Business R 1161 Idlevild Brive SB 2406 Summerlin Drive Sun April 4 ale Sun	NAVY LE	AGUE OF THE UNIT	ED STATES, G	REAT	ER CLEAR	RWA.		
2 Principal Page of Business R 1161 Idlevild Brive SB 2406 Summerlin Drive Sun April 4 ale Sun			·		· 	_		
2 Principal Page of Business R 1161 Idlevild Brive SB 2406 Summerlin Drive Sun April 4 ale Sun				7 4 6	- France	, ,		
2. Horizon Page of Business Size April 1. (101 ovi 101 opi 10	U	O NOI WRILE	IN IHIS SI				0 0 0 0	7
E. 1161 Idle wild Brive 88 2406 Summarlin Drive Suffe Apt # etc. CIV & Sulte Dunedin, F1, 3-5-75 Clearwater, F1 59-3369479 Not Applicable For Required DO NOT WRITE DO NOT WRITE IN THIS SPACE A TENumber 59-3369479 Not Applicable For Required A Tenumber 59-3369479 Not	2. Principal Plac	ce of Business	80061302					
City & State Dunedin, Pl. 3-532 Do Not Write IN THIS SPACE Country Country Country Sp. 3369479 S. Certificate of Status Desired St. 75, Autoreous St	₽-1161	Idlewild Brive 8	8 2406 Summ	erli	n Drive			
Dunedin, F1.3-5-2 Clearwater, F1. 20 34698 Country 33764 Country Country 33764 Country Country 34698 Country 33764 Country 34698 Country 34698 Country 34698 Country 34698 Country C	Suite, Apt. #,	etc.	Suite, Apt. #, etc.			. 1	DO NOT WRITE IN THIS S	PACE
Signar S		ml 21600	· ·			\		
33764 To Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 2496 Summer1in Drive Streel Address (P.O. Box Number is Not Acceptable) Learvater FL 33764 Signarule 1. The above named certify submits this statement for the purpose of changing its registated office or registered page, or both, in the state of Forda. Signarule G. Leonard Pucci, Director FEE IS 66.25 Initial or Amended UBR Trust Fund Contribution 1. Certificates AND DIRECTORS III. CANNON, WILLIAM T. SIGNARULE CANNON, WILLIAM T. SIGNARULE CANNON, WILLIAM T. SIGNARULE CANNON, WILLIAM T. SIGNARULE Added to Fees Department of State 1. The More State Added to Fees Department of State The Director State The More State Added to Fees DO-NOT-WRITE III. WARE SIGNARULE SIGNARULE SIGNARULE SIGNARULE SIGNARULE TO POINT STATE DIRECTORS TO POINT STATE Palm Harbor 34684 THE VP MALE MARE SIGNARULE SIGNARULE SIGNARULE SIGNARULE THE MARE SIGNARULE					untry	= \$8.75 Additional		
DO NOT WRITE IN THIS SPACE 2408 Summerlin Drive Civ Clearuater FL 33764 8. The above named entity submits this statement for the purpose of changing its registered office or registered page, to both, in the state of Florida. SIGNATUSE G. Leonard Pucci, Director Superior prints from the purpose of changing its registered office or registered page, to both, in the state of Florida. SIGNATUSE G. Leonard Pucci, Director Superior prints from the purpose of changing its registered office or registered page, to both, in the state of Florida. SIGNATUSE G. Leonard Pucci, Director Superior prints from the purpose of changing its registered office or registered page, to both, in the state of Florida. SIGNATUSE G. Leonard Pucci, Director Superior prints from the purpose of changing its registered office or registered page, to both, in the state of Florida. SIGNATUSE G. Leonard Pucci, Director Superior prints from the purpose of changing its registered office or registered page, to both, in the state of Florida. SIGNATUSE G. Leonard Pucci, Director Superior prints from the purpose of changing its registered office or registered page, to both, in the state of Florida. SIGNATUSE G. Leonard Pucci, Director Superior prints from the purpose of the changing its registered office or registered page, to both, in the state of Florida. SIGNATUSE G. Leonard Pucci, Director Superior page and the state of Florida State of Fl	34698	14 To 15 To 16 To	33764				itus DesireuF	ee Required
IN THIS SPACE 2436 Summer11n Drive City FL 23.0 Code City Agents upon a statement for the purpose of changing its registered office or registered agent, or both, in the state of Fordat. SIGNATUSE G. Leonard Pucci, Director Agents (Coffe Registered Agent Registered agent, or both, in the state of Fordat. SIGNATUSE G. Leonard Pucci, Director Agents (Coffe Registered Agent Regi					Name			
8. The above named entity submits this statement for the purpose of changing its registered office or registered depart, or both, in the state of Florads SIGNATUYE G. Leonard Pucci, Director Leonard William Systems to red or survival name of registered appears of the supposes in Color State FEE IS \$61.25 Initial or Amended UBR Trust Fund Contribution		DO NOT W	RITE		Pucci, Street Address	G. Leonard (P.O. Box Number is N	ot Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered office or registered depart, or both, in the state of Florads SIGNATUYE G. Leonard Pucci, Director Leonard William Systems to red or survival name of registered appears of the supposes in Color State FEE IS \$61.25 Initial or Amended UBR Trust Fund Contribution	THE PARTY OF THE P							
8. The above named entity submits this statement for the purpose of changing its registered office or registered pagent, or both, in the state of Forda. SIGNATUFE G. Leonard Pucci, Director Purpose of changing its registered office or registered pagent, or both, in the state of Forda. SIGNATUFE G. Leonard Pucci, Director Purpose of the septical pagent was take applicable. FEE IS \$61.25 Initial or Amended UBR Thust Fund Commibution. FEE IS \$61.25 Initial or Amended UBR Thust Fund Commibution. SIGNATUFE Pupposed Appen suphases registered pagent, or both, in the state of Forda. State Address of Puppose								
SIGNATUSE G. Leonard Pucci, Director Supuram. Inject or pureds ram of registering and to real applicable. FEE IS \$61.25 Initial or Amended UBR TOUS Fund Contribution. Sincer Anno Res. P. Electron Campaign Financing Tousi Fund Contribution. The Added to Fees Make Check Payable to Department of State 10. OFFICERS AND DIRECTORS THE IMME CANNON, WILLIAM T. SINCER ANDRESS DURed in, F1. 34698 UNY 51-3P DATE THE VP DATE AUGUSTS DATE THE VP MAKE CANNON, WILLIAM T. SINCER ANDRESS CONY 51-3P DATE THE VP MAKE DATE AUGUSTS DATE THE VP MAKE CANNON, WILLIAM T. SINCER AUGUSTS SINCER AUGUSTS 2931 Valencia Lane East SINCER AUGUSTS SINCER AUGUSTS THE VP MAKE CANNON STATE AUGUSTS THE VP MAKE CANNON STATE AUGUSTS THE SINCER AUGUSTS CANY 51-3P THE NAME SINCER AUGUSTS SINCER AUGUSTS THE STATE AUGUSTS CANY 51-3P THE SINCER AUGUSTS THE STATE AUGUSTS CANY 51-3P THE SINCER AUGUSTS THE STATE AUGUSTS CANY 51-3P THE SINCER AUGUSTS THE STATE AUGUSTS CONY 51-3P THE SINCER AUGUSTS THE STATE AUGUSTS CONY 51-3P THE SHADE STATE AUGUSTS THE AUG	8 The above no	amed entity submits this statement for	the numose of changing its	register				33764
FEE IS \$61.25 S. Electon Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State 10. OFFICERS AND DIRECTORS Trust Fund Contribution. Trust F	S. Modesovena		the perpede of changing to	nogiste. A	ad office of registe		io oldre di Fortula.	
FEE IS \$61.25 S. Electon Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State 10. OFFICERS AND DIRECTORS Trust Fund Contribution. Trust F	SIGNATIVE (G. Leonard Pucci.	Director 2	12	me of	Vue.	3/29/	2002
Initial or Amended UBR Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ITHE ITHE CANNON, WILLIAM T. SIRRET ADDRESS LICH I delewild Drive South SIRRET ADDRESS LICH I SAG98 CITY-SI-JP Dunedin, Fl. 34698 CITY-SI-JP Dunedin, Fl. 34698 CITY-SI-JP Dunedin, Fl. 34698 CITY-SI-JP Dunedin, Fl. 34698 CITY-SI-JP AMME SIRRET ADDRESS CITY-SI-JP NAME KAMP, G. BRUCE SIRRET ADDRESS TITUE TOTAL THE WAME SIRRET ADDRESS CITY-SI-JP AND SIRRET ADDRESS CITY-SI-JP SIRRET ADDRESS CITY-SI-JP AG SIRRET ADDRESS CITY-SI-JP CITY-SI-JP CITY-SI-JP CITY-SI-JP CITY-SI-JP TITLE NAME SIRRET ADDRESS CITY-SI-JP AG SIRRET ADDRESS CITY-SI-JP CIT				: Registere	d Agent signature require	ed when reinstating)	DATE	
Initial or Amended UBR Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ITHE PARKE CANNON, WILLIAM T. SIREH ADDRESS LI69 I dolewild Drive South SIREH ADDRESS LOTY-SI-2P Dunedin, Fl. 34698 CITY-SI-2P DAIGNEAULT, JOSEPH J., JR. SIREH ADDRESS COTY-SI-2P NAME SIREH ADDRESS SIREH ADDRESS COTY-SI-2P NAME COTY-SI-2P NAME COTY-SI-2P NAME SIREH ADDRESS COTY-SI-2P NAME SIREH ADDRESS COTY-SI-2P TITLE THE T ROSKO, JOHN E. SIREH ADDRESS COTY-SI-2P SIREH ADDRESS COT		EEE 10 804 95	9 Election Car	nnaian E		45.00	Maka Chack	Royable to
ITILE DAME CANNON, WILLIAM T. CITY-ST-ZIP DUNEDIN, JR. STREET ADDRESS CITY-ST-ZIP THE VP NAME DAIGNEAULT, JOSEPH J., JR. STREET ADDRESS CITY-ST-ZIP THE VP KAMP, G. BRUCE SIREET ADDRESS 701 Poinsettia Road #340 CITY-ST-ZIP THE TRANSE Relleair, Fl. 33756 THE ROSKO, JOHN E. SIREET ADDRESS 220 Pine Road CITY-ST-ZIP STREET ADDRESS 220 Pine Road CITY-ST-ZIP THE SPENNER, JOANNE BENNER, JOANNE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS STREET ADDRES	ln		7 Truct Fund C					- 1
ITILE DAME CANNON, WILLIAM T. CITY-ST-ZIP DUNEDIN, JR. STREET ADDRESS CITY-ST-ZIP THE VP NAME DAIGNEAULT, JOSEPH J., JR. STREET ADDRESS CITY-ST-ZIP THE VP KAMP, G. BRUCE SIREET ADDRESS 701 Poinsettia Road #340 CITY-ST-ZIP THE TRANSE Relleair, Fl. 33756 THE ROSKO, JOHN E. SIREET ADDRESS 220 Pine Road CITY-ST-ZIP STREET ADDRESS 220 Pine Road CITY-ST-ZIP THE SPENNER, JOANNE BENNER, JOANNE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS STREET ADDRES	10	OFFICERS AND DIR	**, CTORS	н			<u></u>	
SIREET ADDRESS CITY-ST-JAP DUNEDIN, F1. 34698 DUNEDIN, F1. 34697 DUNEDIN, F1. 34698	TITLE P			THE	E			
CITY-SI-ZIP Dunedin, Fl. 34698 CITY-SI-ZIP MAME DAIGNEAULT, JOSEPH J., JR. STREET ADDRESS CITY-SI-ZIP TITLE VP KAMP, G. BRUCE STREET ADDRESS CITY-SI-ZIP TITLE T ROSKO, JOHN E. 220 Pine Road Belleair, Fl. 33756 CITY-SI-ZIP TITLE S BENNER, JOANNE STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE S SHADE, LESLIE N., JR. STREET ADDRESS CITY-SI-ZIP TITLE NAME STREE	NAME C	ANNON, WILLIAM T	ze South		1			
NAME DAIGNEAULT, JOSEPH J., JR. 2931 Valencia Lane East Palm Harbor 34684 TITLE VP KAMP, G. BRUCE 701 Poinsettia Road #340 CITY-ST-ZIP Relleair, Fl. 33756 TITLE T ROSKO, JOHN E. STREET ADDRESS CITY-ST-ZIP TITLE S STREET ADDRESS CITY-ST-ZIP TITLE S STREET ADDRESS CITY-ST-ZIP TITLE S BENNER, JOANNE BENNER, JOANNE BENNER, JOANNE STREET ADDRESS CITY-ST-ZIP TITLE AG SCHO, SASHLEY Lane Oldsmar, Fl. 34677 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE S SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM					ŀ			
STREET ADDRESS CITY-ST-ZIP PAIM Harbor 34684 TITLE VP NAME KAMP, G. BRUCE STREET ADDRESS CITY-ST-ZIP Belleair, F1. 33756 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ROSKO, JOHN E. STREET ADDRESS CITY-ST-ZIP Belleair, F1. 33756 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE S BENNER, JOANNE BENNER, JOANNE STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL		_	1 T +D					
CITY-ST-ZIP Palm Harbor 34684 CITY-ST-ZIP TITLE VP NAME KAMP, G. BRUCE TITLE TOUTH ROSKO, JOHN E. STREET ADDRESS CITY-ST-ZIP Belleair, Fl. 33756 TITLE NAME ROSKO, JOHN E. STREET ADDRESS CITY-ST-ZIP Belleair, Fl. 33756 TITLE S BENNER, JOANNE STREET ADDRESS CITY-ST-ZIP TITLE S BENNER, JOANNE STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME SHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI				В	4			
NAME STREET ADDRESS CITY-ST-ZIP ROSKO, JOHN E. STREET ADDRESS CITY-ST-ZIP ROSKO, JOHN E. STREET ADDRESS CITY-ST-ZIP BELLeair, Fl. 33756 TITLE NAME STREET ADDRESS CITY-ST-ZIP ROSKO, JOHN E. STREET ADDRESS CITY-ST-ZIP ROSKO ROSKO ROSKO ROSKO,	.1			~CITY	-ST-ZIP	the second secon	Same Services	
STREET ADDRESS TO1 Poinsettia Road #340 STREET ADDRESS CITY-ST-ZIP Relleair, Fl. 33756 TITLE ROSKO, JOHN E. STREET ADDRESS CITY-ST-ZIP ROSKO, JOHN E. STREET	1	=		- 11	i i			Ì
TITLE T NAME ROSKO, JOHN E. STREET ADDRESS CITY-ST-ZIP Belleair, Fl. 33756 TITLE ROSKO, JOHN E. STREET ADDRESS CITY-ST-ZIP Belleair, Fl. 33756 TITLE S NAME BENNER, JOANNE STREET ADDRESS CITY-ST-ZIP TITLE AG STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AG SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	STREET ADDRESS 7	ORESS 701 Poinsettia Road #340			ET ADDRESS	no-	AIAT-MBIT	re
NAME STREET ADDRESS CITY-ST-ZIP RELIGIOUS STREET ADDRESS CITY-ST-ZIP RELIGIOUS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Oldsmar, Fl. 34677 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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	CITY-ST-ZIP B							
STREET ADDRESS CITY-ST-ZIP TITLE SAME BENNER, JOANNE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME S	T	OSKO, JOHN E.		ili.	1	- NT	HIS SPAC	;E
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP TITLE NAME S	STREET ADDRESS 2	RESS 220 Pine Road			1			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. 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 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	B6	elleair, Fl. 3375	56					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CLEAR THE TADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CLEAR THE TADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CLEAR THE TADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME	ENNER, JOANNE		ll l	l			
Oldsmar, F1. 34677 AG NAME SHADE, LESLIE N., JR. STREET ADDRESS CITY-ST-ZIP 2544 Laurelwood Drive #C Clearwater F1. 33763 12. 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 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	STREET ADDRESS 870 Ashley Lane			ll l	i i			
NAME STREET ADDRESS SHADE, LESLIE N., JR. 2544 Laurelwood Drive #C Clearwater, Fl. 33763 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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	——————————————————————————————————————			╌╂		· · · · · · · · · · · · · · · · · · ·		
2544 Laurelwood Drive #C CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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	NAME CHADE IECTION TO			li l	- 1			
indicated on this report of supplemental report is to and accurate and that my signature shall have the same legal effect as in made under order, that I am an office of direction 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	CITY-SI-7/P 2544 Laurelwood Drive #C			CITY	-ST-ZIP			
indicated on this report of supplemental report is me and accurate and man my signature stain have the same regardered as it made under out, that I am an officer of undection 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	12. I hereby certification	Learwater, F1. 33 ify that the information supplied with the report or supplemental report in	763 his filing does not qualify for	the exe	mption stated in Se	ection 119.07(3)(i), Flori	ida Statutes. I further certif	y that the information
andonnonic mini an additioo, mini all othor line emporrered.	of the corpor	ration or the receiver or trustee empo	wered to execute this repor	t as requ	lired by Chapter 6	\$17, Florida Statutes; ar	nd that my name appears	in Block 10 or on an

Attachment
Off N9700005/89
B00(a905)
NAVY LEAGUE OF THE UNITED STATES, GREATER CLEARWATER

BOARD OF DIRECTORS

	NAME	<u>ADDRESS</u>
1.	O'HANLON, REESE	3820 Tarpon Point Circle Palm Harbor, Fl.34684
2.	PUCCI, G. LEONARD	2406 Summerlin Drive Clearwater, Fl. 33764
3.	JARET, JOSEPH	127 Boca Ciega Point Boulevard North Madeira Beach, Fl. 33708
4.	TRIPP, FREDERICK	10190 Imperial Point Drive West Largo, Fl. 33744
5.	TRIPP, MILDRED	10190 Imperial Point Drive West Largo, Fl. 33744
6.	BRIGHTMAN, LOIS	Harbor Club C #304 100 Bluff View Drive Belleair, Fl. 33770
7.	CLAUSS, JAMES	30 Turner Street #508 Clearwater, Fl. 33787