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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005991 (3)**

1. Corporation Name

**NAVY LEAGUE OF THE UNITED STATES, WOMENS COUNCIL  
BROWARD COUNTY, INC.**

Principal Place of Business

Mailing Address

250 NE 20TH ST  
#425S  
BOCA RATON FL 33431  
US

350 NE 20TH ST  
#425S  
BOCA RATON FL 33431  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/21/1995

4. FEI Number

65-0660523

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

FINK, ROBERT S  
50 SE 12TH STREET STES 135  
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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 PD ☐ DELETE

NAME BUZZ, LEWIS  
STREET ADDRESS 250 NE 20TH ST #425S  
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME WILSON, RICHARD J  
STREET ADDRESS 1920 S OCEAN DR 406  
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE D ☐ DELETE

NAME O'NEILL, MARION O  
STREET ADDRESS 1130 SPANISH RIVER ROAD  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ DELETE

NAME DEWARE, MARY C  
STREET ADDRESS 400 SE 10TH STREET STE 114  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE D ☐ DELETE

NAME BEVENS, MARY C  
STREET ADDRESS 3400 GALT OCEAN DRIVE STE 703-S  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE VD ☐ DELETE

NAME DEVINE, HARRIET  
STREET ADDRESS 3740 NW 101ST AVE  
CITY-ST-ZIP CORAL SPRINGS FL

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.

SIGNATURE:

SIGNATURE REQUIRED

*Esther M. Jones* 1/23/98

CR2E037 (10/97)