2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N95000005991

NAVY LEAGUE OF THE UNITED STATES EVERGLADES COUN CIL, INC.



FILED Jan 21, 2003 8:00 am Secretary of State
01-21-2003 90174 026 ****61.25

						1					
Principal Place of Business 101 ROYAL PARK DRIVE			Mailing Address 101 ROYAL PARK DRIVE								
apt. 1-H Oakland Paf US	RK FL 33309		APT. 1-H OAKLAND PARK FL 33309 US								
	Place of Busin	ess W 15 STREET	3. Mailing Address 8215 NW	Mailing Address 8215 NW15 STREET			T HERMITAL OUR LEATH EATH EATH BENIX EATH EATH COURT STILL HOLD HAVE HAN HOLD				
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State PLA NTBTION, FL			City & State PLANTBTION		7 .	4. FEI Number 65-0660523			Applied For Not Applicable		
33322 BROWAND			73322 ~	Zip Country U.SA		5. Certificate of Status Desired					
6. Name and Address of Current Re			legistered Agent	red Agent		7. Name and Address of New Registered Agent					
BAKER, JANE C 101 ROYAL PARK DRIVE					Name POTTIE KIRK Street Address (P.O. Box Number is Not Acceptable) 8215 NW 15 37222						
APT. 1-H OAKLAND PARK FL 33309					ANT	ATION,	FL			22	
OMILIAND I MIN I E 30003						•		FL 2	Zip Code	•	
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 SIGNATUR											
4 .							<u> </u>			 -	
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Cont					- ≄ •.	\$5.00 May Be Added to Fees		ke Check Pa a Departme			
10.		OFFICERS AND DIRI	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICER	RS AND DIRECT	ORS IN	10	
TITLE	PD	•	☐ Delete	TITLE	1				Change	☐ Addition	
NAME	BECK, SHI	ELLEY		NAME	1						
STREET ADDRESS	301 N. PIN	IE ISLAND RD., #153		STREET ADDRESS	; }					}}	
CITY-ST-ZIP	PLANTATIO	ON FL 33324		CITY-ST-ZIP	1					13	
TITLE	VPD		№ Delete	TITLE	VPO)	• • • •		Change	Addition	
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		RDALE FL 33334			PLA	1 / 17 17 17 17	<u>, , , , , , , , , , , , , , , , , , , </u>				
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NAME	GRADY, R		105	NAME OFFICE ADDRESS	.					}	
STREET ADDRESS CITY-ST-ZIP		AND SHORES DR. # 0	- IUO	STREET ADDRESS CITY-ST-ZIP	']						
GIIT-31-ZIF		DERDALE FL 33309		C111-51-21F	 			_ _	_		
TITLE	TD	N DIEN	Delete	TITLE	TO	LERI	Rp		Change	Addition	
NAME	THOMPSO	•		NAME	ファ	CKALL	20101	Cleate		+	
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CITY-ST-ZIP	OAKLAND	PARK FL 33309		CITY-ST-ZIP	05	ERFIELD	Beach	FL 3,	3442		
TITLE	1		☐ Delete	TITLE	1				Change	☐ Addition	
NAME	1			NAME						}	
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CITY-ST-ZIP				CITY-ST-ZIP	1				_	/	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: