


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000004743 (8)</b> 1. Corporation Name <b>NAVY SEABEE VETERANS OF AMERICA, ISLAND X-17FL I NC.</b>			
Principal Place of Business <b>6101 DESOTO AVE NEW PORT RICHEY FL 34653-4128</b>		Mailing Address <b>6101 DESOTO AVE NEW PORT RICHEY FL 34653-4128</b>	
2. Principal Place of Business 21 <b>9939 BROOKDALE DRIVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>NEW PORT RICHEY, FL</b> Zip 24 <b>34655</b>		2a. Mailing Address 25 <b>9939 BROOKDALE DRIVE</b> Suite, Apt. #, etc. 26 City & State 27 <b>NEW PORT RICHEY, FL</b> Zip 28 <b>34655</b> Country 29 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>WALLACE, JAMES W 6101 DESOTO AVE NEW PORT RICHEY FL 34653-4128</b>		10. Name and Address of New Registered Agent 81 Name <b>LOHRENTZ, ROBERT A.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>9939 BROOKDALE DRIVE</b> 83 84 City <b>NEW PORT RICHEY</b> FL 85 Zip Code <b>34655</b>	
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 <i>Robert A. Lohrentz</i> SECRETARY DATE <b>1/27/98</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONES, FRANKLIN E 8478 CESSNA DR NEW PORT RICHEY FL 02</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b><del>WARREN J. FLADING</del> WARREN J. FLADING 9101 FARGO DRIVE HUDSON, FL 34667-3436</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COFRANCESCO, ANTHONY 4726 ADDAX DR NEW PORT RICHEY FL 50</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b><del>WARREN J. FLADING</del> ROBERT A. LOHRENTZ 9939 BROOKDALE DRIVE NEWPORT RICHEY, FL 34655</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WALLACE, JAMES W 6101 DESOTO AVE NEW PORT RICHEY FL 28</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Robert A. Lohrentz</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ROBERT A. LOHRENTZ</b> DATE <b>1/27/98</b> Daytime Phone # <b>813-376-4784</b>	



CR2E037 (10/97)