FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Wortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004743 (8)

1. Corporatio	n Name	7773 (0)			
NAVY SEABEE VETERANS OF AMERICA, ISLAND X-17FL I NC.					
Principal Plac	e of Business Ma	lling Address		ופסן ווונו מסטום ונסטו ונוסט ווונסט נוונסט נוונסט נוונסט ווונסט וווונסט וווונסט וווונסט וווונסט וווונסט וווווווווו	
6101 DE80TO	AVE RIO	I DESOTO AVE			7
NEW PORT RICHEY FL 34653-4128 NEW PORT RICHEY FL 34653			3-4128	3. Date Incorporated or Qualified	
\				09/11/1996 4. FEI Number Applied For	┨
		<u>,</u>		59-3173863 Not Applicable	┪
	lace of Business, 2a.	Mailing Address	. / 2	EQ 75 A MINISTRAL	┪
	1 BROOK DALE DRIVE 20	1939 BROOK	DALF DAID	5. Certificate of Status Desired Fee Required	1
Sulte, Apt.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	ı
22 City & Stat	27	City & State		Trust Fund Contribution Added to Fees	4
23 NEW 1		VEW PONT RY	aley. F	7. Is this nonprofit corporation a homeowners association?	l
Zip	Country USA	Zip C	Country	8. This corporation owes or has paid the current year Intangible	1
24 344	15 25 PASCO 20	34051 3	05A	Personal Property Tax due June 30. Yes XNo	
	9. Name and Address of Current Regist	ered Agent		10. Name and Address of New Registered Agent]
81 Name / O.L.				LOHRENTZ ROBERT A.	1
WALLACE, JAMES W			82 Street	Address (P.O. Box Number is Not Acceptable)	1
6101 DESOTO AVE				9939 BROOKDALE DRIVE	4
NEW PO	ORT RICHEY FL 34653-4128		63		ı
			84 City NEV	w Pont Richey FL 85 34655	1
44		5 - FOO EL-14 - OL-1 - 1	NEV	N Pont Richay FL 34655	4
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 egent, I am familiar with, and accept the obligations of, Sagrion 617.0503, Florida Statutes.					
agent. I a	rn familiar with, and accept the policytions of	Section 617,0503, Florid	la Statutes.	1/22/08	1
SIGNATURE .	Signature, typed or printed name as registered agent and title i		GTARY	e required when reinstating) DATE DATE]_
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12]}
TITLE	0	DELETE	1.1 TITLE	VIACONTANTANT D Change Addition] {
NAME	JONES, FRANKLIN E		1.2 NAME	WARREN J' FLADING][
STREET ADDRESS	8476 CESSNA DR		1.3 STREET ADDRESS	9707 FARGO DRIVE	Įξ
CITY-ST-ZW	NEW PORT RICHEY FL 02		1.4 CITY-ST-ZIP	HUDSON, FL 34667-3436 Change SANdition	18
TITLE	D	☐ DELETE	2.1 TITLE	ROBERT A. LOHRENTZ Change & Addition	ľ
NAME	COFRANCESCO, ANTHONY		2.2 NAME	9939 BROOKDALE DRIVE	1
STREET ADDRESS	4726 ADDAX DR		2.3 STREET ADDRESS	19939 BROOK DALE CL ZULOCE	1
CITY-ST-ZIP	NEW PORT RICHEY FL 50	DELETE	2.4 CITY-ST-ZIP	NEWPORT PICKEY, FL 34 655	┨
TITLE NAME	SD Wallace, James W) ALVELEN	3.1 TITLE 3.2 NAME	[Sixing Division	1
	6101 DESOTO AVE		3.3 STREET ADDRESS		ı
STREET ADDRESS	NEW PORT RICHEY FL 28		3.4 CITY-ST-ZIP		1
CITY-ST-ZIP TITLE	THE TOTAL PROPERTY OF THE SEC	DELETE	4.1 TITLE	☐ Change ☐ Addition	1
NAME		_ :	4.2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition	7
NAME			5.2 NAME		ı
STREET ADDRESS			5.3 STREET ADDRESS	•	1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		1
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1
14. I hereby of indicated	certify that the information supplied with this fit	ling does not qualify for t	he exemption state ate and that my sig	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature shall have the same legal effect as if made under oath; that I am an	1

4. 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 chapter on anattachment with advaddress.

SIGNATURE

MUT TIROBERT A. LOHRENT

/37/98 8/3-376-4789

FILED

May 06 1998 8:00am

Secretary of State