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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004743					
1. Corporation Name NAVY SEABEE VETERANS OF AMERICA, ISLAND X-17FL I NC.					
Principal Place of Business 9339 BROOKDALE DR NPR FL 34655 US			Mailing Address 9339 BROOK DALE DR NEW PT RICHEY FL 34655 US		



2. Principal Place of Business 21 7917 Woburn St. Suite, Apt. #, etc.		2a. Mailing Address 26 7917 Woburn St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/11/1996	
22 City & State 23 New Port Richey Zip FL 34653 Country USA		27 City & State 28 New Port Richey, FL Zip 34653 Country USA		4. FEI Number 59-3173863	
24 9. Name and Address of Current Registered Agent PAUL J. RIZZO NEW PORT RICHEY, FL 34653		10. Name and Address of New Registered Agent EOCS Paul Rizzo (SCW) Ret 7917 Woburn St New Port Richey, FL 34653		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. Pursuant to the provisions of Sections 607.0502 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 PAUL J. RIZZO DATE 11 JAN. 99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOT for Registered Agent Signature Required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLADING, W J		1.2 NAME	Yannarella, J.	
STREET ADDRESS	9707 FARGO DR		1.3 STREET ADDRESS	4409 Konga Court	
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY-ST-ZIP	New Port Richey, FL 34655-1637	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFRANCESCO, ANTHONY		2.2 NAME	Rizzo, P.J.	
STREET ADDRESS	4726 ADDAX DR		2.3 STREET ADDRESS	7917 Woburn Street	
CITY-ST-ZIP	NEW PORT RICHEY FL 50		2.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	SECRETARY	<input type="checkbox"/> DELETE	3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHRENTZ, R.A.		3.2 NAME	Lohrentz, R.A.	
STREET ADDRESS	9939 BROOK DALE DR		3.3 STREET ADDRESS	9939 Brookdale DR	
CITY-ST-ZIP	NPR FL 34655		3.4 CITY-ST-ZIP	NPR, FL 34655	
TITLE	Commander	<input type="checkbox"/> DELETE	4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YANNARELLA, J.		4.2 NAME	Vaughan, R.J.	
STREET ADDRESS	4409 KONGA COURT		4.3 STREET ADDRESS	4217 Castlewood Dr	
CITY-ST-ZIP	New Port Richey, FL 34655-1637		4.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	Vice Commander	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIZZO, P.J.		5.2 NAME		
STREET ADDRESS	7917 Woburn St.		5.3 STREET ADDRESS		
CITY-ST-ZIP	New Port Richey, FL 34653		5.4 CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, R.J.		6.2 NAME		
STREET ADDRESS	4217 Castlewood, Dr.		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34691		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, with all other like empowered.

SIGNATURE: **PAUL J. RIZZO** DATE: **11 JAN. 99** DAYTIME PHONE #: **727-376-0178**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)