

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90013 017 ****61.25

DOCUMENT # N96000004743

1. Entity Name

NAVY SEABEE VETERANS OF AMERICA, ISLAND
X-17FL INC.



Principal Place of Business

11438 TEE TIME CIRCLE
NEW PORT RICHEY FL 34654
US

Mailing Address

11438 TEE TIME CIRCLE
NEW PORT RICHEY FL 34654
US

04017634



MOORE CR2E037 (11/03)

2. Principal Place of Business

9939 Brookdale Dr
Suite, Apt. #, etc.

3. Mailing Address

9939 Brookdale Dr
Suite, Apt. #, etc.

City & State

New Port Richey, FL
Zip 34655 Country USA

City & State

New Port Richey, FL
Zip 34655 Country USA

4. FEI Number

59-3173863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIZZO, PAUL J
11438 TEE TIME CIR
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name ROBERT LOHRENTZ
Street Address (P.O. Box Number is Not Acceptable)
9939 BROOKDALE DRIVE
City New Port Richey FL Zip Code 34655

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DEPEIS, NICK	
STREET ADDRESS	10000 U.S. HWY 98 N #11	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RIZZO, P J	
STREET ADDRESS	11438 TEE TIME CIR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMATTEO, MIKE	
STREET ADDRESS	4450 FORT SHAW DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VAUGHAN, R.J.	
STREET ADDRESS	4217 CASTLEWOOD DR	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED JONES	
STREET ADDRESS	7631 WESTON CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654-6215	
TITLE	VICE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY COBRANCE SCO	
STREET ADDRESS	4736 ADDAX DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653-6550	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT LOHRENTZ	
STREET ADDRESS	9939 BROOKDALE DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-04 727-576-4784