FILED 2003 NOT-FOR-PROFIT CORPORATION May 08, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # N9800000783 05-08-2003 90169 031 ****61.25 NAVY LEAGUE, KEY WEST COUNCIL INC. Principal Place of Business Mailing Address 1114 WHITE STREET P.O. BOX 6314 KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business Mailing Address Rooseve Suite, Apt. #. etc ☐ CHECK HERE IF MAKING CHANGES 106 Gity & State 4. FEI Number 65-0796310 Applied For City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PFENT, DAVID J 1114 WHITE STREET KEY WEST FL: 33040 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Addition TITLE ☐ Delete MATHER, JOE NAME NAME STREET ADDRESS 3229 FLAGLER DR., #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Addition X Delete TITLE Change TITLE DEMES, RON NAME NAME STREET ADDRESS **182 VENETIAN WAY** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND FL 33042 Delete ☐ Change Addition TITLE TITLE. PFENT, DAVID J NAME NAME STREET ADDRESS 1114 WHITE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 Barry Gibson VD [2919 Staples Ave. Key West, FL 33040 TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP E. Sawyer BL. Slob S. Roosevelt BL. Slob TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS West FL 33040 CITY-ST-ZIP 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 supplied that 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 of 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 appowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition