

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90043 049 ****61.25

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DOCUMENT # N98000004730

1. Corporation Name

NAVY SEABEE VETERANS OF AMERICA ISLAND X-4 ORLANDO, FLORIDA, INC.

Principal Place of Business

1425 CAUDLE ST.
ORLANDO FL 32828

Mailing Address

1425 CAUDLE ST.
ORLANDO FL 32828



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2015 HOLLY AVE	26	2015 HOLLY AVE	08/13/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3528502	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	SANFORD FLORIDA	28	SANFORD FLORIDA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24	32771	29	32771	30	
Country		Country			
25	USA	30	USA		

9. Name and Address of Current Registered Agent

CRENSHAW, EDWIN
1425 CAUDLE ST.
ORLANDO FL 32828

10. Name and Address of New Registered Agent

81	Name	ROBERT H. POWELL JR.	
82	Street Address (P.O. Box Number is Not Acceptable)	2015 HOLLY AVE	
83			
84	City	SANFORD	FL
85	Zip Code	32771	

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

ROBERT H. POWELL JR.

(NOTE: Registered Agent signature required when reinstating)

SAN 16, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	COMMANDER (P) / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	LEONARD L. LONGACRE
STREET ADDRESS		1.3 STREET ADDRESS	803 HILL ST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	EVISTIS FL 32736
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	1ST VICE-COMMANDER (VP) / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	HERMAN D. POLSTON
STREET ADDRESS		2.3 STREET ADDRESS	228 LANTANA DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ORLANDO FLA 32807
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	2ND VICE-COMMANDER (VP) / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	RICHARD H. SEMON
STREET ADDRESS		3.3 STREET ADDRESS	1680 SEMON DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO FLA 32828
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY (S) / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ROBERT H. POWELL JR.
STREET ADDRESS		4.3 STREET ADDRESS	2015 HOLLY AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SANFORD FL 32771
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TREASURER (T) / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GEORGE H. BISHOP
STREET ADDRESS		5.3 STREET ADDRESS	2802 GEOFFREY DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO FLA 32826
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/99

852-463-1261

Daytime Phone #

CR2E037 (11/98)