

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005197

**Entity Name:** NAVY SEABEE VETERANS OF AMERICA, INC., ISLAND X-23,  
CRYSTAL RIVER., FL**Current Principal Place of Business:**8491 N DESERTROSE TERR  
CRYSTAL RIVER, FL 34428**Current Mailing Address:**8491 N DESERTROSE TERR  
CRYSTAL RIVER, FL 34428 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUCHANAN, DAVID J  
8491 N. DESERTROSE TERR  
CRYSTAL RIVER, FL 34428 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | COMMANDER              |
| Name            | BUCHANAN, DAVID J.     |
| Address         | 8491 N DESERTROSE TERR |
| City-State-Zip: | CRYSTAL RIVER FL 34428 |

|                 |                    |
|-----------------|--------------------|
| Title           | VICE COMMANDER     |
| Name            | LOWE, JOHN         |
| Address         | 6796 E. HAYDEN     |
| City-State-Zip: | INVERNESS FL 34452 |

|                 |                        |
|-----------------|------------------------|
| Title           | SECRETARY              |
| Name            | BUCHANAN, DAVID J      |
| Address         | 8491 N DESERTROSE TERR |
| City-State-Zip: | CRYSTAL RIVER FL 34428 |

|                 |                    |
|-----------------|--------------------|
| Title           | TREASURER          |
| Name            | LOWE, JOHN         |
| Address         | 6796 E. HAYDEN     |
| City-State-Zip: | INVERNESS FL 34452 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: DAVID J. BUCHANAN****CDR./ SECRETARY****01/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date