

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

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90017 027 ****61.25

DOCUMENT # N01000005006

1. Entity Name

MARINE CORPS LEAGUE, BAREFOOT BAY DETACHMENT #918, INC.



Principal Place of Business

624 AMBER JACK COURT
BAREFOOT BAY FL 32976

Mailing Address

624 AMBER JACK COURT
BAREFOOT BAY FL 32976

2. Principal Place of Business

808 WREN CIR

3. Mailing Address

808 WREN CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State
BAREFOOT BAY FL

City & State
BAREFOOT BAY, FL

4. FEI Number

59-3435061

Applied For

Not Applicable

Zip
32976

Country
BREVARD

Zip
32976

Country
BREVARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, RUSSELL J
624 AMBER JACK COURT
BAREFOOT BAY FL 32976

7. Name and Address of New Registered Agent

Name PATRICK E BURKE
 Street Address (P.O. Box Number is Not Acceptable)
808 WREN CIRCLE
 City BAREFOOT BAY FL Zip Code 32976

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 PATRICK E BURKE *Patrick E Burke* 2-5-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME	D HENRY, EUGENE	<input type="checkbox"/> Delete
STREET ADDRESS	718 AMARYLLIS DR	
CITY - ST - ZIP	BAREFOOT BAY FL 32976	
TITLE NAME	D WILSON, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	95 SPRING LAKE DR	
CITY - ST - ZIP	VERO BEACH FL 33932	
TITLE NAME	D WARNER, IRVING	<input type="checkbox"/> Delete
STREET ADDRESS	601 ROYAL FERNTENY DR	
CITY - ST - ZIP	BAREFOOT BAY FL 32976	
TITLE NAME	D CHRYSALINE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	338 S PAPAYA CIRCLE	
CITY - ST - ZIP	BAREFOOT BAY FL 32976	
TITLE NAME	D WILLIAMSON, RUSSELL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	624 AMBER JACK COURT	
CITY - ST - ZIP	BAREFOOT BAY FL 32976	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME	Patrick E. Burke	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	808 Wren Cir.	
CITY - ST - ZIP	Barefoot Bay, FL 32976-7507	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Patrick E Burke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04 772-664-6892
 Date Daytime Phone #