

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005006

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** MARINE CORPS LEAGUE, BAREFOOT BAY DETACHMENT #918, INC.

**Current Principal Place of Business:**

BAREFOOT BAY #918  
BLDG D  
BAREFOOT BAY, FL 32976 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 501048  
MALABAR, FL 32950 US

**New Mailing Address:**

P.O.BOX 501048  
MALABAR, FL 32950

**FEI Number:** 59-3651827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARNES, LORRIE M  
3285 KRÄMER LANE  
MALABAR, FL 32950 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: M  
Name: OWINGS, WILLIAM M  
Address: 755 ONYX DRIVE NE  
City-St-Zip: PALM BAY, FL 32905 US

Title: D  
Name: MCPHETERS, JAMES A  
Address: 1043 ROYAL PALMS DRIVE  
City-St-Zip: BAREFOOT BAY, FL 32976

Title: D  
Name: BURTON, JOHN J  
Address: 7373 STUART AVE  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: T  
Name: BARNES, LORRIE M  
Address: PO BOX 501048  
City-St-Zip: MALABAR, FL 32950 US

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: WILLIAM M OWINGS

M

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date