## **2006 NOT-FOR-PROFIT CORPORATION**

## ANNUAL REPORT



FILED Mar 23, 2006 8:00 am

Secretary of State

03-23-2006 90007 009 \*\*\*\*61.25 DOCUMENT # N05000004256 MARINE CORPS LEAGUE, DELAND DETACHMENT 1144, Principal Place of Business Mailing Address 510 SOUTH ALABAMA AVE. P.O. BOX 3068 DELAND, FL 32721 DELAND, FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Number 35.22.16893 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERTS, THOMAS Street Address (P.O. Box Number is Not Acceptable) 510 SOUTH ALABAMA AVE. DELAND, FL 32724 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to ...  $\Box$ Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE TITLE ☐ Delete Change ★ Addition PHILLIP RUEDE NAME NAME P.O. BOX 3065 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32721 TITLE ☐ Delete TITLE Addition ☐ Change MALCOLA MACLEAN NAME PO. BOX 3068 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND PL 32721 ☐ Defete TITLE TITLE ☐ Change ■ Addition ROBERT CHADDOCK NAME NAME P.O. BOX 3068 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP DELAND FL JZ721 ☐ Delete TITLE ☐ Change ✓ Addition TITLE **T/D** NAME THOMAS ROBERTS STREET ADDRESS STREET ADDRESS 510 S. ALABAMA AUE CITY-ST-ZIP CITY-ST-ZIP DELAND PL 32724 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

PHILLIP RUEDE ED NAME OF SIGNING OFFICER OF DIRECTOR