2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007
Secretary of State

DOCUMENT# N05000004256

Entity Name: MARINE CORPS LEAGUE, DELAND DETACHMENT 1144, INC.

Current Principal Place of Business:

510 SOUTH ALABAMA AVE.
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3068
DELAND, FL 32721

New Mailing Address:

FEI Number: 35-2216893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, THOMAS
510 SOUTH ALABAMA AVE.
DELAND, FL 32724 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: PD ( ) Delete
Name: RUEDE, PHILLIP
Address: PO BOX 3068
City-St-Zip: DELAND, FL 32721

Title: VD ( ) Delete
Name: MACLEAN, MALCOM
Address: PO BOX 3068
City-St-Zip: DELAND, FL 32721

Title: VD ( ) Delete
Name: CHADDOX, ROBERT
Address: PO BOX 3068
City-St-Zip: DELAND, FL 32721

Title: TD ( ) Delete
Name: ROBERTS, THOMAS
Address: 510 SOUTH ALABAMA AVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS ROBERTS COMM 07/19/2007

Electronic Signature of Signing Officer or Director — Date