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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06680** **(5)**

1. Corporation Name

MARINE CORPS LEAGUE BREVARD COUNTY DETACHMENT, I NC.

Principal Place of Business	Mailing Address
P O BOX 560091 ROCKLEDGE FL 32956	P O BOX 560091 ROCKLEDGE FL 32956-0091

3. Date Incorporated or Qualified: **12/17/1984**
3a. Date of Last Report: **03/20/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2572282** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAMILTON, NELSON
8850 BROWN CIRCLE
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KIMBALL, JAMES C.		1.2 NAME		
STREET ADDRESS	923 BARBADOS AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	CROFT, EARL G.		2.2 NAME		
STREET ADDRESS	3403 MAZUR DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OLDS, RUSSELL E.		3.2 NAME		
STREET ADDRESS	4156 HOLIER PARK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIMS FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	V (5)	☐ Change ☒ Addition
NAME	CHERRY, GERALD		4.2 NAME	COLLINS REV PERRY W	
STREET ADDRESS	1704 PINE STREET		4.3 STREET ADDRESS	502 HIBISCUS TRAIL	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	P	☐ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	MACENTEE, LILLIAN		5.2 NAME	OLDS, LILLIAN MACENTEE	
STREET ADDRESS	659 ORANGE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	NASH, JACK		6.2 NAME		
STREET ADDRESS	2751 ROUEN AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lillian M. Olds REQUIRED 2/27/97 407-636-9835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0020301