FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N06680

(5)

MARINE CORPS LEAGUE BREVARD COUNTY DETACHMENT, I

| NG. | | |
|---|---|-----------------------------------|
| Principal Place of Business | Mailing Address | |
| 3403 MAZUR DRIVE MELBOURNE FL 32901-8240 | 3403 MAZUR DRIVE MELBOURNE FL 32901-8240 | 3. Date Incorporated or Qualified |

| | | | | | | | 1 | 59-2572282 | Not Applicable |
|-------------------|-----------------------------|--------------------|------------|--|------------|--|---|--|----------------|
| 2. 21 | Principal Place of Business | | 2a. 26 | 2a. Mailing Address 26 | | 5. | Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 22 | City & State | | 27 | Suite, Apt. #, etc. 27 City & State 28 | | 6. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| 23 | | | 28 | | | 7. Is this nonprofit corporation a homeowners association? | | | |
| 24 | Zip | Country 25 | 29 | Zip | Coun 30 | try | | This corporation owes or has paid the curr Personal Property Tax due June 30. |] Yes 💢 No |
| | 9. Name | and Address of Cur | rent Regis | tered Agent | | | 10. | Name and Address of New Registered A | gent |
| LIEBERTON APPLOON | | | | | L | Name EA | | G. CROFT | |

8850 BROWN CIRCLE CAPE CANAVERAL FL 32920

| 81 | Name EARL G. CROFT |
|----|--------------------|
| 82 | |
| L | 3403 MAZUR DRIVE |
| 83 | |
| L | |
| 84 | City Zip Code |
| | |

FILED

Feb 04 1998 8:00am

Secretary of State

Applied For

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

| office or re agent. I a | egistered agent, or both, in the State of Florida. Such c m familiar with, and accept the obligations of, Section (| nange was auti 317.0503, Floric | norized by the corr la Statutes. | poration's board of directors. I hereby accept | the appointment as | registered |
|----------------------------|--|------------------------------------|-------------------------------------|--|--------------------|-------------------|
| SIGNATURE | EARL G. CROFT COMMUNDANS | | 5.18 G | y 1/2 | 7/98 | |
| | Signature, typed or printed name of registered agent and title if applicable. | (NOTE, R | egistered Agent signatu | equired when reinstating) | DATE | |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICER | | |
| TITLE | VT 🗆 | 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 | P | DELETE | 2.1 TITLE | | L 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 CMY-ST-ZIP | | | |
| TITLE | ס 🏲 | DELETE | 3.1 TITLE () | ROOM - No En FRANCET | L Change | Addition Addition |
| NAME | OLDS, RUSSELL E. | | 3.2 NAME | STEVENS SR BANGST | | |
| STREET ADDRESS | 4156 HOLIER PARK DRIVE | | 3.3 STREET ADDRESS | 670 UENETIAN WAY MENLAT ISLAND, FL | 32953-4 | 111 |
| CITY-ST-ZIP | MIMS FL | | 3.4. CITY-ST-ZIP | MEKRITT ISLAND, FL | | |
| TITLE | Λ | DELETE | 4.1 TITLE | | ☐ Change | Addition |
| NAME | COLLINS, REV. PERRY W. | | 4. 2 NAME | | | |
| STREET ADDRESS | 502 HIBISCUS TRAIL | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MELBOURNE BEACH FL | | 4.4 CITY - ST - ZIP | <u> </u> | | |
| TITLE | T | DELETE | 5.1 TITLE | DEVENCT T | ☐ Change | Addition |
| NAME | OLDS, LILLIAN MACENT | | 5.2 NAME | BEKERIS IE, JOSEPH I 450 SAND PIPER DR | \mathcal{T} | |
| STREET ADDRESS | 659 ORANGE COURT | | 5.3 STREET ADDRESS | 450 SAND PIPER DR | | |
| CITY-ST-ZIP | ROCKLEDGE FL | | 5.4 CITY~ST-ZIP | SATELLITE, BEACH FL | 32937 | |
| TITLE | D | DELETE | 6.1 TITLE | • | ☐ Change | Addition |
| NAME | NASH, JACK | | 6.2 NAME | | | |
| STREET ADDRESS | 2751 ROUEN AVENUE | | 6.3 STREET ADDRESS | | | |

14. Thereby certify that the information supplied with this filling 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:

SIGNATURE REQUIRED