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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06680

1. Corporation Name
MARINE CORPS LEAGUE-BREVARD COUNTY DETACHMENT, I NC.

Principal Place of Business	Mailing Address
3403 MAZUR DRIVE MELBOURNE FL 32901-8240	3403 MAZUR DRIVE MELBOURNE FL 32901-8240

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

3. Date Incorporated or Qualifed: 12/17/1984

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

CROSS, EARL G
3403 MAZUR DR
MELBOURNE FL 32901-8240

NAMED SPELLED WRONG

10. Name and Address of New Registered Agent

81 Name: CROFT EARL G.
82 Street Address (P.O. Box Number is Not Acceptable): 3403 MAZUR DRIVE
83
84 City: MELBOURNE FL 85 Zip Code: 32901-8240

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: NAME WAS SPELLED WRONG Earl G Croft DATE: 1/15/99
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	VT	☒ DELETE	1.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	KIMBALL, JAMES C.		1.2 NAME	REV. PERRY W. COLLINS	
STREET ADDRESS	923 BARBADOS AVE		1.3 STREET ADDRESS	255 PARADISE BLVD #21	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	INDIALANTIC FL 32903-2466	
TITLE	P	☐ DELETE	2.1 TITLE		☐ 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	STEVEM. ERMEST. SR		3.2 NAME		
STREET ADDRESS	670 VENETIAN WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953-4116		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEKERIS, JOSEPH A JR		4.2 NAME		
STREET ADDRESS	450 SAND PIPER DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH FL 32937		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE	TRUSTEE - DIRECTOR	☐ Change ☒ Addition
NAME	OLDS, LILLIAN MACENT		5.2 NAME	HERMAN I HAMPTON	
STREET ADDRESS	659 ORANGE COURT	DECEASED	5.3 STREET ADDRESS	2608 SADLER LANE	
CITY-ST-ZIP	ROCKLEDGE FL		5.4 CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	☐ DELETE	6.1 TITLE		☐ 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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Earl G Croft 1/15/99 407-727-2956
EARL G. CROFT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #