

DOCUMENT # N22772	
1. Entity Name	
MARINE CORPS LEAGUE DESOTO DETACHMENT #588, INC.	

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90021 010 ****61.25

Principal Place of Business	Mailing Address
BUSTER GOULDING 2804 74TH ST. W. BRADENTON FL 34209	BUSTER GOULDING 2804 74TH ST. W. BRADENTON FL 34209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-0919787	Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DRAGON, JOHN 4119 43RD AVENUE WEST BRADENTON FL 34205

7. Name and Address of New Registered Agent
Name
Buster Goulding 2804 74th. St. W. Bradenton, FL. 34209
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.

SIGNATURE	<i>Buster Goulding</i> Paymaster	DATE
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. IN 10	
TITLE	PD	TITLE	Jack Carroll
NAME	DRAGON, JOHN	NAME	5311 17th Ave. W.
STREET ADDRESS	4119 43RD AVENUE WEST	STREET ADDRESS	Bradenton, FL. 34209
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE	D	TITLE	John J Miller
NAME	HAMEL, HERMAN G.	NAME	2806 Florida Blvd.
STREET ADDRESS	2716 52ND AVE.TER.W.	STREET ADDRESS	Bradenton, FL. 34207
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE	D	TITLE	Buster Goulding
NAME	BORNES, CARL S JR	NAME	2804 74th. St. W.
STREET ADDRESS	119 43 ST W	STREET ADDRESS	Bradenton, FL. 34209
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	MCCOY, KENNETH A	NAME	
STREET ADDRESS	P.O. BOX 11423 N/A	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34282	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:	<i>Buster Goulding</i>	12/5/01	941-792-2467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #