

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03738

FILED
May 02, 2005
Secretary of State

Entity Name: LEE COUNTY DETACHMENT MARINE CORP LEAGUE, INC.

Current Principal Place of Business:

P.O. BOX 60426
FT. MYERS, FL 339060426 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60426
FT. MYERS, FL 339060426 US

New Mailing Address:

FEI Number: 59-1977863 **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:

ZARB, JAMES P.
520 SE 30TH STREET
CAPE CORAL,, FL 33904 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: DP () Delete
Name: TUSTIN, RAYMOND CMNDT
Address: 5332 SW 10TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: DV () Delete
Name: MATHEWS, MCCLURE SR VICE
Address: 18181 ADAMS CIRCLE
City-St-Zip: FORT MYERS, FL 339123052 US

Title: DP () Delete
Name: CASPER, CONRAD JRVICE
Address: 625 SE 35TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: DT () Delete
Name: FRONCEK, JULIANNE P/MAST.
Address: 3009 SE 18TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904 US

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 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 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: JAMES P. ZARB

Electronic Signature of Signing Officer or Director

CHRM

05/02/2005

Date