

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-13-2003 90364 016 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 769990

1. Entity Name

INDIAN RIVER DETACHMENT OF THE MARINE CORPS LEAG
UE, INCORPORATED



Principal Place of Business

Mailing Address

AMERICAN LEGION POST #39
1535 OLD DIXIE HWY
VERO BCH FL 32960
US

PO BOX 7012
VERO BEACH FL 32961-7012
US

55004222



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 23-1598250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HECTOR, BILL
19615 N INDIAN RIVER DR
SEBASTIAN FL 32958

Name THOS. P. KILROE - D

Street Address (P.O. Box Number is Not Acceptable)
16 VISTA PALM LN #201

City VERO BEACH FL Zip Code 32962

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECTOR, BILL 13615 N INDIAN RIVER DR SEBASTIAN FL 32958	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, ERNEST JR 1615 INDIAN BAY DR. JR. VICE COMMANDANT VERO BEACH FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEW, JOHN 3310 BUCKINGHAMMOCK TR VERO BEACH FL 32960	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COPELAND, JAMES 1715 OCEAN DR #2-A VERO BEACH FL 32963	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOS P. KILROE 16 VISTA PALM LN #201 VERO BEACH FL 32962	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADJUTANT MICHAEL F. BOONAR 1501 S3 RD AV VERO BEACH FL 32966	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SR VICE COMMANDANT ARNOLD TOWNSEND 5 PLANTATION DR VERO BEACH FL 32964	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

WARREN A. SELVETHAC
PYNASTER 1/9/03

Date

Daytime Phone #

CR2E037 (10/02)