

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03738

**Entity Name:** MARINE CORPS LEAGUE PFC PAUL E. ISON DETACHMENT 60  
INC.

**FILED**  
**Jan 31, 2014**  
**Secretary of State**  
**CC3510443394**

**Current Principal Place of Business:**

206 SW 42ND ST  
CAPE CORAL, FL 33914

**Current Mailing Address:**

P.O. BOX 100841  
CAPE CORAL, FL 33910-0841 US

**FEI Number: 59-1977863**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROBINSON, JAMES M  
1213 SW 51ST TERRACE  
CAPE CORAL, FL 33914 US

*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

**Officer/Director Detail :**

Title VD  
Name SMITH, GEORGE N  
Address 5427 SW 22ND AVE  
City-State-Zip: CAPE CORAL FL 33914

Title PD  
Name KENNY, TIMOTHY F  
Address 206 SW 42ND ST.  
City-State-Zip: CAPE CORAL FL 33914

Title VD  
Name BOWLER, GARY T  
Address 2801 SE 17TH AVE.  
City-State-Zip: CAPE CORAL FL 33904

Title D  
Name ROBINSON, JAMES M  
Address 1213 SW 51ST TERR  
City-State-Zip: CAPE CORAL FL 33914

*I hereby 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 all other like empowered.*

**SIGNATURE: TIMOTHY KENNY**

**COMMANDANT**

**01/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date