FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719975 (5)

1. Corporation Name

THE MARION DETACHMENT OF THE MARINE CORPS LEAGUE , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2529 NW MAGNOLIA PO BOX 3715 OCALA FL 32678	2529 NW MAGNOLIA PO BOX 3715 OCALA FL 32678

3. Date Incorporated or Qualified: 12/31/1970
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-6190734 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

RANEW, THOMAS C JR
7 EAST SILVER SPRINGS BLVD SUITE 201
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	HENKLE, FRED	12 NAME	EURTON, JAMES
STREET ADDRESS	8170 SW 108TH PLACE RD	13 STREET ADDRESS	6940 NE 7th ST
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	OCALA, FL
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	EURTON, JAMES	22 NAME	MEDEIROS, EUGENE SR.
STREET ADDRESS	6940 NE 7TH ST	23 STREET ADDRESS	PO BOX 660 (NA)
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	SUMMERFIELD, FL
TITLE	[redacted]	31 TITLE	TD ☒ Change ☐ Addition
NAME	WHITAKER, SHIRLEY	32 NAME	HAZELTON, ARTHUR J.
STREET ADDRESS	653 NE 31ST ST.	33 STREET ADDRESS	14594 SW 35th TER. RD.
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	OCALA, FL
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Arthur J. Hazelton 4/30/95 904-347-1643
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #
ARTHUR J. HAZELTON

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