FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **719975** **(5)**

1. Corporation Name

THE MARION DETACHMENT OF THE MARINE CORPS LEAGUE , INC.

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: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EURTON, JAMES 6940 NE 7TH STREET OCALA FL	☒ DELETE	1.1 TITLE (T) / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Commandant (Pres) Nils H. Hanson 5548 SW 58th Place Ocala, Fl. 34474	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MEDEIROS, EUGENE S PO BOX 660 N/A SUMMERFIELD FL	☒ DELETE	2.1 TITLE (T) / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Sr. Vice (VP) James Gunn 2809 NE 8th Terr. Ocala, Fl. 34470	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAZELTON, ARTHUR J. 14594 SW 35 TERR RD OCALA FL	☒ DELETE	3.1 TITLE (T) / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Jr. Vice (VP) Edgar A. Ornes (N/A) PO Box 72 Sparr, Fl. 32192	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	800001 7 1 7 ☒ Change -04/08/96--01021--018 ***61.25	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: Nils H. Hanson — 3-15-96 — 352-867-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NILS H. HANSON (COMMANDANT) (President)