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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 719975

THE MARION DETACHMENT OF THE MARINE CORPS LEAGUE , INC.

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

2. Principal Place of Business

Mailing Address

2529 NW MAGNOLIA PO BOX 3715 OCALA FL 32678

2a. Mailing Address



03-09-1999 90051 023 ****61.25

	 	

3. Date incorporated or Qualifed

27	21		26					12/31/19/0					
City & State City & Country City	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			_			4FEI Number			- Applied For		
City & State 23	22	27						59-6190734 Not A				• • • • • • • • • • • • • • • • • • • •	
Zip								5 Cortificate of Statue Decired					
32 29 30 Trust Fund Contribution Added to Pees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and	23												
1.0 Name and Address of Current Registered Agent	Zip	Country	Country Zip Country					. •	~ 11	• -			
RANEW, THOMAS C JR 7 EAST SILVER SPRINGS BLVD SUITE 201 OCALA FL 32670													
RANEW, THOMAS C JR 7 EAST SILVER SPRINGS BLVD SUITE 201 OCALA FL 32670 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 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 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 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 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 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 office or registered agent, or both and accept agent, a	Name and Address of Current Registered Agent												
7 EAST SILVER SPRINGS BLVD SUITE 201 OCALA FL 32670 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 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 and item item item item item. I make the corporation's board of directors. I hereby accept the appointment as registered degree agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. NOTIONATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 17. Purpose or prieted name of registered agent and title item item item item item. I make the corporation's board of directors. I hereby accept the appointment as registered agent and title item item. I make the corporation's board of directors. I hereby accept the appointment as registered degree and item. I make the corporation's board of directors. I hereby accept the appointment as registered degree and accept the appointment as registered and accept the appointment as re						Name							
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 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, and accept the obligations of, Section 617,0503. Florida Statutes. SIGNATURE	RANEW, THOMAS C JR					82 Street Address (P.O. Box Number is Not Acceptable)							
OCALA FL 32670 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 917.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE TVP STREET ADDRESS CITY-ST-2P OCALA FL 34470 CITY-ST-2P OCALA FL 34473 CITY-ST-2P OCALA FL 34473 CITY-ST-2P OCALA FL 34474 DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE TVP LITTLE TCD ACTIV-ST-2P OCALA FL 34473 CITY-ST-2P OCALA FL 34473 CITY-ST-2P OCALA FL 34473 CITY-ST-2P OCALA FL 34473 CITY-ST-2P OCALA FL 34474 DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE TCD ACTIV-ST-2P OCALA FL 34473 CITY-ST-2P OCALA FL 34473 CITY-ST-2P OCALA FL 34473 CITY-ST-2P OCALA FL 34474 CITY-ST-2P OCALA F													
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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 Signature, Upper or printed neuro of registered agent and title if applicable. (NOTE Replatered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE TVP SIGNATURE EURTON, JAMES STREET ADDRESS 6940 NE 7 ST OCALA F, L. 34473 — 24 L8 TITLE TCP 1.5 TUP 1.5 TUP					84	City		MAY .		85	Zip Co	ode	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	office or registered agent, or both, in the State of Honda. Such change was authorized by the corporation's board or directors, i nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
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TCD	STREET ADDRESS	6940 NE 7 ST			1.3 STREE	TADDRE							
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TSVP	,			2.3 STREE	T ADDRE						1		
TITLE	CITY-ST-ZIP	***************************************			2. 4 CITY-5	ST-ZIP	OCA	I.A. FI. 344	4.70-1864				
NAME STREET ADDRESS S548 S.W. 58TH PLACE 33 STREET ADDRESS 5548 S.W. 58TH PLACE 34.CITY-ST-ZIP 6840 NW 135th Ave	TITLE			☐ DELETE	3.1 TITLE					□ Ch	ange	☐ Addition	
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Change Of Title]				5.4 CITY-S	T-ZIP							
The proof of the p	TITLE			☐ DELETE	6.1 TITLE					☐ Ch	ange	Addition	

14. 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 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, with all other like empowered.

ARTIUR HAZELTON (TVP)

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

JAN 7,1999

347-1643