FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JAN 12 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719975

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 12/31/1970

4. FEI Number: 59-6190734 — ☐ Applied For ☐ Not

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP EURTON, JAMES 6940 NE 7 ST OCALA FL 34470	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCD HAZELTON, ARTHUR 14594 S.W. 35TH TERRACE ROAD OCALA FL 34473	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSVP HANSON, NILS 5548 S.W. 58TH PLACE OCALA FL 34474	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	TVP James Gunn 3922 E. Silver Springs Blvd., #4 OCALA, FL. 34470	☒ Change ☐
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	TCP James Gagnon 1820 NE 50th Ave. OCALA, FL. 34470	☒ Change ☐
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	TSVP Ed Ornes P O Box 72 Sparr, FL 32192-0072	☐ Change ☐
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	200003114442---9 -01/28/00--01054--003 *****61.25 *****61.25	☐ Change ☐
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐

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.

SIGNATURE: James Gunn (TVP) 12/10/99 1643
Officer or Director Date Daytime Phone #