2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

vith an address, with all other like empowered.

TIMOTHY

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SIGNATURE!

DOCUMENT #719975 FILED 1. Entity Name THE MARION DETACHMENT OF THE MARINE CORPS 05 JUL 18 AM II: 23 LEAGUE, INC. SECRLTARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P 0 BOX 3715 823 N W 26TH ST OCALA, FL 34478-3715 OCALA, FL 34475 07/05/05 01013 004 \$70.00 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-6190734 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RANEW, THOMAS C JR Street Address (P.O. Box Number is Not Acceptable) 7 EAST SILVER SPRINGS BLVD **SUITE 201** OCALA, FL 32670 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May 8e Filing Fee is \$61.25 Trust Fund Contribution Florida Department of State Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TCP Delete TITLE Change TITLE COMMANDANT TIMOTHY M. MALONEY 5249 SE 106+ LN WILLIAMS, DONALD L NAME NAME STREET ADDRESS 1821 N E 50TH AVE STREET ADDRESS CITY - ST - ZIP OCALA, FL 34470 CITY-ST-ZIP BELLEVIEW FL Addition Delete ☐ Change TVP TITLE SR. VICE COMMANDANT TITLE YOUNG, GARY NAME RUSSELL J. Pace NAME 2217 NE 36+H PACE 6840 NW 135TH AVE STREET ADDRESS STREET ADDRESS OCALA, FL 34479 CITY-ST-ZIP CITY - ST - ZIP MORRISTON, FL 32668 Addition Delete JR-UICE COMMANDANT ☐ Change TSVP TITLE TITLE WIFLAM J. ENRIGHT SARGENT, HAROLD C-NAME-NAME 4234 SE 8+H ST STREET ADDRESS 1798 S W 140TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34481 OCALA ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. 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 report or supplemental 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 10 or Block 11 if