

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 # 770276 (4)
1. Corporation Name
NAPLES DETACHMENT - MARINE CORPS LEAGUE, INC.



Principal Place of Business
**P.O. BOX 8982
NAPLES FL 33941
US**

Mailing Address
**1195 26TH AVE. N
P.O. BOX 8982
NAPLES FL 33941
US**

3. Date Incorporated or Qualified
09/19/1983

3a. Date of Last Report
01/23/1995

4. FEI Number
23-1598250

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

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. BOX 8982

City & State
27 NAPLES, FLORIDA

Zip
24 33941

Country
25 COLLIER

Country
30 COLLIER

9. Name and Address of Current Registered Agent

**BRISSON E T
1195 26TH AVE N
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name
L. T. WALSH

82 Street Address (P.O. Box Number Is Not Acceptable)
1096 MORNINGSIDE DRIVE

83

84 City
NAPLES

FL 85 Zip Code
33940

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 *L. T. Walsh* **Commandant** **1-24-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRISSON, E T 1195 26TH AVE, N NAPLES, FL 00000 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD L. T. WALSH 1096 MORNINGSIDE DRIVE NAPLES, FLORIDA 33940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN HECKE, GERALD 780 PINE VALE DR. NAPLES FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SVD DANIEL R. MONACO 1917 PRINCESS COURT NAPLES, FLORIDA 33942-1018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRISSON, FRANCES W. 1195 26TH AVENUE, N. NAPLES FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	JR. VD JOHN URQUHART 1395 MORNINGSIDE DRIVE NAPLES, FLORIDA 33940-3314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADJ RODERICK MACDONALD 11019 LONGSHORE WAY W. NAPLES, FLORIDA 33999-8863 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PM KENDAL W YOUNG 4425-18TH PLACE S.W. NAPLES, FLORIDA 33999-5919 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kendal Young - Paymaster* **1-24-96 941-455-2261**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)