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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

P.O. BOX 8982
NAPLES FL 33941
USP.O. BOX 8982
NAPLES FL 34101-8982
US3. Date Incorporated or Qualified
09/19/19833a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSH, L.T.
1096 MORNINGSIDE DR.
NAPLES FL 33940

81 Name

L.T. Walsh

82 Street Address (P.O. Box Number is Not Acceptable)

1096 MORNINGSIDE DR.

83

84 City

NAPLES

FL

85 Zip Code
34103

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, 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	PD	<input type="checkbox"/> DELETE
NAME	WALSH, L.T.	
STREET ADDRESS	1096 MORNINGSIDE DR.	
CITY - ST - ZIP	NAPLES FL 33940-34103	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	SVD	<input type="checkbox"/> DELETE
NAME	MONACO, DANIEL	
STREET ADDRESS	1917 PRINCESS CT.	
CITY - ST - ZIP	NAPLES FL 33942-1018	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	JVD	<input type="checkbox"/> DELETE
NAME	URQUART, JOHN	
STREET ADDRESS	1395 MORNINGSIDE DR.	
CITY - ST - ZIP	NAPLES FL 33940-3314 34103	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	ADJ	<input type="checkbox"/> DELETE
NAME	MACDONALDRODERICK	
STREET ADDRESS	11019 LONGSHORE WAY W	
CITY - ST - ZIP	NAPLES FL 33999-8863 34119	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	PM	<input type="checkbox"/> DELETE
NAME	YOUNG, KENDAL W	
STREET ADDRESS	4425-18TH PLACE S.W.	
CITY - ST - ZIP	NAPLES FL 33999-5919 34119	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

9-25-97

941-594-0696

CR2E037 (9/96)