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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770276** (4)

1. Corporation Name

NAPLES DETACHMENT - MARINE CORPS LEAGUE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 8962
NAPLES FL 33941
US

P.O. BOX 8962
NAPLES FL 33941
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

34101

25

29

34101

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/19/1983

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

WALSH, LT.
1096 MORINGSIDE DRIVE
NAPLES FL 34103

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

L. T. WALSH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD

NAME

WALSH, LT.

STREET ADDRESS

1096 MORINGSIDE DR.

CITY-ST-ZIP

NAPLES FL

TITLE

SVD

☒ DELETE

NAME

MONACO, DANIEL

STREET ADDRESS

1917 PRINCESS CT.

CITY-ST-ZIP

NAPLES FL 33942-1018

TITLE

JVD

☐ DELETE

NAME

URQUART, JOHN

STREET ADDRESS

1395 MORINGSIDE DR.

CITY-ST-ZIP

NAPLES FL

TITLE

ADJ

☐ DELETE

NAME

MACDONAL, RODERICK

STREET ADDRESS

11019 LONGSHORE WAY W

CITY-ST-ZIP

NAPLES FL

TITLE

PM

☒ DELETE

NAME

YOUNG, KENDAL W

STREET ADDRESS

4425-18TH PLACE S.W.

CITY-ST-ZIP

NAPLES FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SVC
William F. Butterworth
7702 Pebble Creek Circle
NAPLES, FL 34108

PM
Gerald VanHecke
760 Pine Vate Dr
NAPLES, FL 34104

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

L. T. WALSH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061288

CR2E037 (10/97)