

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 # **770684** (9)

1. Corporation Name

OLDEST CITY DETACHMENT, MARINE CORPS LEAGUE, INC



Principal Place of Business

Mailing Address

**125 ANDORA STREET
ST. AUGUSTINE FL 32086**

**125 ANDORA STREET
ST. AUGUSTINE FL 32086**

3. Date Incorporated or Qualified
10/11/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2416958

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOREY, RICHARD C.
110 RIBERIA ST
ST. AUGUSTINE FL 32084**

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

(Signature typed or printed below or registered agent, and if not applicable, "None")

(Signature of Registered Agent required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
TISONE, JOSEPH J.
POST OFFICE BOX 2066 N/A
ST. AUGUSTINE FL**

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**SVCD
WEBB, ROBERT W. JR.
248 ESTRADA AVENUE
ST. AUGUSTINE FL**

☒ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VCD
COBB, EDWARD L.
1712 LEON STREET
ST AUGUSTINE FL**

☒ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**JAD
BROWN, ALBERT E.
5043 ALTA VISTA
ST. AUGUSTINE FL**

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**AP
GERRITY, RICHARD
125 ANDORA ST
ST. AUGUSTINE FL**

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

**(904)
794 7621**

CR2E037 (12/95)