

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 770684 (9)
1. Corporation Name
OLDEST CITY DETACHMENT, MARINE CORPS LEAGUE, INCPrincipal Place of Business
125 ANDORA STREET
ST. AUGUSTINE FL 32086
Mailing Address
125 ANDORA STREET
ST. AUGUSTINE FL 32086-72513. Date Incorporated or Qualified
10/11/1983
3a. Date of Last Report
02/29/19962. Principal Place of Business
21 245 WILDWOOD DRIVE (OFFICE)
2a. Mailing Address
28 245 WILDWOOD DRIVE (OFFICE)4. FEI Number
59-2416958
Applied For
Not ApplicableSuite, Apt. #, etc.
22
275. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredCity & State
23 ST. AUGUSTINE, FLORIDA
28 ST. AUGUSTINE, FLORIDA6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to FeesZip
24 32086
Country
25 USA
29 32086
Country
30 USA8. 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 3208481 Name
JOHN F. STASCHIAK
82 Street Address (P.O. Box Number is Not Acceptable)
245 WILDWOOD DRIVE
83 (OFFICE)
84 City
ST. AUGUSTINE FL 85 Zip Code
32086

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 *John F. Staschiak* JOHN F. STASCHIAK COMMANDANT 2/24/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TISONE, JOSEPH J.		1.2 NAME JOHN F. STASCHIAK	
STREET ADDRESS POST OFFICE BOX 2086 N/A		1.3 STREET ADDRESS 245 WILDWOOD DRIVE (OFFICE)	
CITY-ST-ZIP ST. AUGUSTINE FL		1.4 CITY-ST-ZIP ST. AUGUSTINE, FL., 32086	
TITLE SVCD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SVCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOBIN, RICHARD R.		2.2 NAME JEROME F. BARTLETT	
STREET ADDRESS 53 WILLOW DR		2.3 STREET ADDRESS 245 WILDWOOD DRIVE LOT #201	
CITY-ST-ZIP ST. AUGUSTINE FL		2.4 CITY-ST-ZIP ST. AUGUSTINE, FL., 32086	
TITLE VCD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTLETT, JEROME F.		3.2 NAME ALBERT E. BROWN	
STREET ADDRESS 245 WILDWOOD DR #201		3.3 STREET ADDRESS 5043 ALTA VISTA AVE.	
CITY-ST-ZIP ST AUGUSTINE FL		3.4 CITY-ST-ZIP ST. AUGUSTINE, FL., 32086	
TITLE JAD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Jad	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, ALBERT E.		4.2 NAME HAROLD MULLANE SR.	
STREET ADDRESS 5043 ALTA VISTA		4.3 STREET ADDRESS 245 WILDWOOD DIVE LOT# 230	
CITY-ST-ZIP ST. AUGUSTINE FL		4.4 CITY-ST-ZIP ST. AUGUSTINE, FL., 32086	
TITLE AP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERRITY, RICHARD		5.2 NAME JOHN T. DROBINKO	
STREET ADDRESS 125 ANDORA ST		5.3 STREET ADDRESS 208 ARPIEKA AVE.	
CITY-ST-ZIP ST. AUGUSTINE FL		5.4 CITY-ST-ZIP ST. AUGUSTINE, FL., 32084	
TITLE [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME [Blank]		6.2 NAME [Blank]	
STREET ADDRESS [Blank]		6.3 STREET ADDRESS [Blank]	
CITY-ST-ZIP [Blank]		6.4 CITY-ST-ZIP [Blank]	

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: JOHN F. STASCHIAK *John F. Staschiak* 2/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001475

CR2E037 (9/96)