

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90051 024 \*\*\*\*70.00

**DOCUMENT # N00000007135**

1. Entity Name

**MARINE CORPS LEAGUE, INC., DETACHMENT #1017**



Principal Place of Business

PO BOX 15668  
FERNANDINA BEACH FL 32305

Mailing Address

PO BOX 15668  
FERNANDINA BEACH FL 32305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3678693**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLABAND, WINFIELD A  
616 LITTLE PINEY ISLAND DR  
FERNANDINA BEACH FL 32034**

Name

**BERKMAN, BERNARD H.**

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

**4646 CARLTON DUNES DRIVE - UNIT 7**

City

**AMELIA ISLAND,**

**FL**

Zip Code

**32034-5592**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BERNARD H. BERKMAN, PAYMASTER & DIRECTOR**

**APRIL 19, 2004**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLABAND, WINFIELD A 616 LITTLE PINEY ISLAND DR. FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHIRLEY, ROBERT E 4566 VILLAGE DR. FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, GAINES G 1893 LAKE PARK DR TALLAHASSEE FL 32304 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PAYMASTER & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BERKMAN, BERNARD H. 4646 CARLTON DUNES DRIVE - UNIT 7 AMELIA ISLAND, FL 32034-5592
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COMMANDANT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHIRLEY, ROBERT E. 4566 VILLAGE DR. FERNANDINA BEACH, FL 32034-6847
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADJUTANT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVIS, GAINES G. 1893 LAKE PARK DR. FERNANDINA BEACH, FL 32034-4787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SENIOR VICE COMMANDANT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MURPHY, RONALD & DIRECTOR 3588 SNYDER RD. CALLAHAN, FL 32011-4747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JUNIOR VICE COMMANDANT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COLE, THOMAS L. & DIRECTOR 3643 OLD NASSAUVILLE RD. FERNANDINA BEACH, FL 32034-7442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JUDGE ADVOCATE & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KAYSER, PAUL R. 15 MARSH CREEK RD. AMELIA ISLAND, FL 32034-6413

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another line empowered.

SIGNATURE: **BERNARD H. BERKMAN, PAYMASTER & DIRECTOR** **APRIL 19, 2004 (904) 491-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1948