


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90001 022 ****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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BERKMAN, BERNARD H 4646 CARLTON DUNES DRIVE - UNIT 7 FERNANDINA BEACH FL 32034				Name BERKMAN, BERNARD H. Street Address (P.O. Box Number is Not Acceptable) 95046 SPRING TIDE LANE City FERNANDINA BEACH FL 32034-5460	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE <i>Bernard H. Berkman</i> BERNARD H. BERKMAN, PAYMASTER & DIRECTOR <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 35%;"> AUGUST 7, 2006 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	PAYMASTER & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERKMAN, BERNARD H		NAME	BERKMAN, BERNARD H.	
STREET ADDRESS	4646 CARLTON DUNES DRIVE - UNIT 7		STREET ADDRESS	95046 SPRING TIDE LANE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP	FERNANDINA BEACH, FL 32034-5460	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR VICE COMMANDANT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHIRLEY, ROBERT E		NAME	ATWOOD, CALVIN W.	
STREET ADDRESS	286 LAUREL LANDING BLVD.		STREET ADDRESS	9 SWEETWATER OAKS DR.	
CITY-ST-ZIP	KINGSLAND GA 31548		CITY-ST-ZIP	FERNANDINA BEACH, FL 32034-5060	
TITLE	AD	<input type="checkbox"/> Delete	TITLE	JUNIOR VICE COMMANDANT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAVIS, GAINES G		NAME	GERBER, RICHARD F.	
STREET ADDRESS	1893 LAKE PARK DR		STREET ADDRESS	86547 WORTHINGTON DR,	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP	YULEE, FL 32097	
TITLE	SVC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, RONALD		NAME		
STREET ADDRESS	3588 SNYDER ROAD		STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL 32011		CITY-ST-ZIP		
TITLE	JVC	<input type="checkbox"/> Delete	TITLE	COMMANDANT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELEFTERION, ALLEN		NAME	ELEFTERION, ALLEN	
STREET ADDRESS	1409 HIGHLAND DR		STREET ADDRESS	1409 HIGHLAND DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	JVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAYSER, PAUL R		NAME		
STREET ADDRESS	15 MARSH CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.					
SIGNATURE: <i>Bernard H. Berkman</i> BERNARD H. BERKMAN, PAYMASTER & DIRECTOR AUGUST 7, 2006 (904)491-					