2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

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Entity Name: OLDEST CITY DETACHMENT, MARINE CORPS LEAGUE, INC.

Current Principal Place of Business:

1 ANDERSON CIRCLE
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

1428 A1A SOUTH
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

P.O. BOX 1752
SAINT AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-2416958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSHER, WALTER W
462 CASUARINA CIR
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CMDT	( ) Delete
Name:	ADZIMA, STEVE	
Address:	4 NELMAR AVE	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	SR V	( ) Delete
Name:	BELLAMY, STEVE	
Address:	8550 A1A SOUTH #313	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	
Title:	JR V	( ) Delete
Name:	CARCEL, MANNY	
Address:	3468 INDIAN CREEK BLVD	
City-St-Zip:	ST JOHNS, FL 32259	
Title:	JUD	( ) Delete
Name:	PETRINO, PASQUALE	
Address:	2205 MAKARIOS DR	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	ADJ	( ) Delete
Name:	MAGUIRE, GARY	
Address:	1050 ST. MARKS POND BLVD	
City-St-Zip:	SAINT AUGUSTINE, FL 32095	
Title:	PAY	( ) Delete
Name:	MOSHER, WALTER W	
Address:	462 CASUARINA CIR	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER W. MOSHER PAY 03/05/2009

Electronic Signature of Signing Officer or Director — Date