

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90023 046 \*\*\*\*70.00

**DOCUMENT # N01000002122**

1. Entity Name

**MARINE CORPS LEAGUE-MORRIS F. DIXON, JR.  
DETACHMENT, INC.**



Principal Place of Business

**1401 N HERCULES AVENUE  
CLEARWATER FL 33765-1921**

Mailing Address

**1401 N HERCULES AVENUE  
CLEARWATER FL 33765-1921**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-6196495**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORGAN, WAYNE  
601 STARKEY RD #36  
LARGO FL 33774**

Name

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

City

**FL**

Zip Code

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

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, 2008**

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  
**C  
SWICK, ROBERT  
831 PEGGY RAY DR  
DUNEDIN FL 34698** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR1  
THORNTON, FRANK  
2620 COVE CAY DR  
CLEARWATER FL 33760-3465** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR2  
MORGAN, WAYNE C  
601 STARKEY ROAD #36  
LARGO FL 33771** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JVC  
KEYES, JONATHAN S  
2230 NURSERY RD  
CLEARWATER FL 33764** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JVC  
BAUER SHELDON  
2486 TIMBERCREST CIR  
CLEARWATER, FL 33763** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVC  
CONA, WILLIAM G  
878 WOODLAND DR  
PALM HARBOR FL 34685** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JA  
CANNON, ROBERT  
P O BOX 13573  
SAINT PETERSBURG FL 33733** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JA  
CORREA FRANK  
3004 CONIFER DR.  
LARGO, FL 33771** ☒ Change ☐ Addition

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:

*Robert B. Swick*

ROBERT B. SWICK

02-07-08