

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90191 021 ****61.25

DOCUMENT # N01000002918

1. Entity Name
DANIEL J. DALEY DET. 1002, MARINE CORPS LEAGUE, INC.



Principal Place of Business
**3435 SHOAL LINE ROAD
HERNANDO BEACH, FL 34607**

Mailing Address
**3435 SHOAL LINE ROAD
HERNANDO BEACH, FL 34607**

2. Principal Place of Business
18940 Drayton St

3. Mailing Address
5344 Maldive Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sp

City & State

City & State

Spring Hill, FL

Spring Hill, FL

Zip

Country

Zip

Country

34610

Hernando

34606-1133

Hernando

6. Name and Address of Current Registered Agent

03292004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3711832

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**ANDERSON, FRANK
3391 JEW FISH AVENUE
HERNANDO BEACH, FL 34607**

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

**Filing 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

TITLE PD ☒ Delete
NAME **KARL, ANTHONY R**
STREET ADDRESS **4009 SHEEPHEAD DRIVE**
CITY-ST-ZIP **HERNANDO BEACH, FL 34607**

TITLE VD ☐ Delete
NAME **ANDERSON, FRANK**
STREET ADDRESS **3391 JEW FISH AVE**
CITY-ST-ZIP **HERNANDO BEACH, FL 34607**

TITLE TD ☐ Delete
NAME **SULFRIDGE, BARBARA**
STREET ADDRESS **5344 MALDIVE AVE.**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☒ Addition
NAME **Richard Lee**
STREET ADDRESS **5217 Mosquero Rd**
CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE Trustee ☐ Change ☒ Addition
NAME **Karl, Anthony R**
STREET ADDRESS **4009 Sheephead Dr**
CITY-ST-ZIP **Hernando Beach, FL 34607**

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

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

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

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

12. I 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 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: Barbara Sulfridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-24-04 352 686 2186
Date Daytime Phone #