## 2005 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # N01000002918**

DANIEL J. DALEY DET. 1002, MARINE CORPS LEAGUE,



**FILED** 

Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90153 017 \*\*\*\*61.25

<u>352 686 2186</u>

Principal Place of Business 18940 DRAYTON ST

Mailing Address 5344 MALDIVE AVE

SPRING HILL, FL 34610 SPRING HILL, FL 34606-1133													
Principal Place of Business     3. Mailing Address													
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				042520	05	Chg-NP	CR2E	037 (10/0	3)	
City & State			City & State				4. FEI Nu 59-3	4. FEI Number Applied For 59-3711832 Not Applicable					
Zip Country			Zip	Zip Cou		intry	5. Certific	cate of	f Status Desired		\$8.75 Fee Requ	Additional ired	1
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
ANDEDGON FRANK						Name							
ANDERSON, FRANK 3391 JEWFISH AVENUE						Street Address (P.O. Box Number is Not Acceptable)							
HERNANDO BEACH, FL 34607													
						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 acc the obligations of registered agent.												ccept	
SIGNATURE .									<u> </u>			<u> </u>	
	Signature, typed	or printed name of registered agent	t and title if app	licable. (NOTE:	Registere	d Agent signature rec	quired when reinstatin	a) ,		DATE			
Filing Fee is \$61.25 9. Election Campaign						nancing \$5.00 May Be Make check payable to					e to		
Due by May 1, 2005 Trust Fun					ontributi	ion. 🔲	Added to F		Flo	rida Den	artment of	Ctata	
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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: <u>La vara Sulfridge</u> paymoster signature and typed on printed make of signature of pices or pirectoff