


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

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

DOCUMENT # N01000002918					
1. Entity Name DANIEL J. DALEY DET. 1002, MARINE CORPS LEAGUE, INC.					
Principal Place of Business 18940 DRAYTON ST SPRING HILL, FL 34610			Mailing Address 5344 MALDIVE AVE SPRING HILL, FL 34606-1133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3711832	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, FRANK 3391 JEWFISH AVENUE HERNANDO BEACH, FL 34607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME LEE, RICHARD STREET ADDRESS 5217 MOSQUERO RD CITY-ST-ZIP SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete		TITLE PD NAME ANDERSON, FRANK STREET ADDRESS 3391 JEWFISH AVE CITY-ST-ZIP HERNANDO BEACH, FL 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME ANDERSON, FRANK STREET ADDRESS 3391 JEWFISH AVE CITY-ST-ZIP HERNANDO BEACH, FL 34607	<input checked="" type="checkbox"/> Delete		TITLE VD NAME HOMAN, LES STREET ADDRESS 7376 Broad St. (us 41) CITY-ST-ZIP Brooksville, FL 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SULFRIDGE, BARBARA STREET ADDRESS 5344 MALDIVE AVE. CITY-ST-ZIP SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TR NAME KARL, ANTHONY R STREET ADDRESS 4009 SHEEPHERD DR CITY-ST-ZIP HERNANDO BEACH, FL 34607	<input checked="" type="checkbox"/> Delete		TITLE TR NAME ROSENBERG, IRWIN STREET ADDRESS 7487 Aloe Drive CITY-ST-ZIP Spring Hill, FL 34607-2420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Barbara Sulfridge, paymaster</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-24-05 352 686 2186 <small>Date Daytime Phone #</small>		