


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90395 022 ****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 3435 Shoal Line Blvd. Suite, Apt. #, etc. VFW Post 9236		3. Mailing Address P.O. Box 5067 Suite, Apt. #, etc.			
City & State Hernando Beach, FL		City & State Spring Hill, FL		4. FEI Number 59-3711832	
Zip 34607		Country Hernando		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 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 _____ <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, 2006		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 ANDERSON, FRANK <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3391 JEWFISH AVE	CITY-ST-ZIP HERNANDO BEACH, FL 34607		STREET ADDRESS	CITY-ST-ZIP	
TITLE VD	NAME HOMAN, LES <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7376 BROAD STREET (US 41)	CITY-ST-ZIP BROOKSVILLE, FL 34601		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME SULFRIDGE, BARBARA <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5344 MALDIVE AVE.	CITY-ST-ZIP SPRING HILL, FL 34606		STREET ADDRESS	CITY-ST-ZIP	
TITLE TR	NAME ROSENBERG, IRWIN <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7487 ALOW DRIVE	CITY-ST-ZIP SPRING HILL, FL 346072420		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS VD Sulfridge, Albert 5344 Maldive Ave Spring Hill, FL 34606-1133	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS TD Alaimo, Joseph 214 Callaway Ave Spring Hill, FL 34606-5312	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Barbara Sulfridge</u> <u>Barbara Sulfridge</u> <u>4-11-06</u> <u>352-686-2186</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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