2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DOCUMENT # N01000003443

1. Entity Name
OLD HICKORY DETACHMENT #1047 OF THE MARINE CORPS LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2533 MIDDLEBURG, FL 32050-2533	P.O. BOX 2533 MIDDLEBURG, FL 32050-2533

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03152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

☐ Applied for
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENDRY, GAYWARD F
577 BRANSCOMB RD.
GREEN COVE, FL 32043

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NICHOLSON, THOMAS
STREET ADDRESS	1905 SENTRY OAK COURT
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	CARTER, WILLIAM W
STREET ADDRESS	5777 GREEN RD.
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	D
NAME	STEWART, D.L.
STREET ADDRESS	603 RICHARD LEE ST.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/04-80038-010 61.25

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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: Gayward F. Hendry 3-15-04 904+351-0900
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR — Date — Daytime Phone #