

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90194 024 ****61.25

DOCUMENT # N01000004079					
1. Entity Name MARINE CORPS LEAGUE, DETACHMENT 065 INC.					
Principal Place of Business 6242 E HIGHWAY 98 PANAMA CITY, FL 32404			Mailing Address 6242 E HIGHWAY 98 PANAMA CITY, FL 32404		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3475252	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TONISSEN, THEODORE K 6118 PRIDGEN ST PANAMA CITY, FL 32404			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 _____ (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 P NAME CAHILL, BRIAN A STREET ADDRESS 2905 E ORLANDO RD CITY-ST-ZIP PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CRAWFORD, WILLIAM E STREET ADDRESS 171 BYRD DR CITY-ST-ZIP PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		TITLE NAME Miller, Lloyd E Jr. STREET ADDRESS 8515 Klondyke Rd CITY-ST-ZIP Youngstown, FL 32466	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME JACOBS, JOANN STREET ADDRESS 7208 CHIPEWA ST CITY-ST-ZIP PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		TITLE NAME S/T CAHILL, WANDA G STREET ADDRESS 2905 E ORLANDO RD CITY-ST-ZIP PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME CAHILL, WANDA G STREET ADDRESS 2905 E ORLANDO RD CITY-ST-ZIP PANAMA CITY, FL 32405	<input checked="" 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	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/13/2007 850-785-3889 <small>Date Daytime Phone #</small>		