

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90062 049 ****61.25

DOCUMENT # N01000004079					
1. Entity Name MARINE CORPS LEAGUE; DETATCHMENT 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			
Zip	Country	Zip	Country	01162008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3475252				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TONISSEN, THEODORE K 6118 PRIDGEN ST PANAMA CITY, FL 32404			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: <u>Theodore K. Tonissen</u> 7-8-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME CAHILL, BRIAN A STREET ADDRESS 2905 E ORLANDO RD CITY-ST-ZIP PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		TITLE P NAME THEODORE K TONISSEN STREET ADDRESS 6118 PRIDGEN ST CITY-ST-ZIP PANAMA CITY FL 32404	<input checked="" type="checkbox"/> Change <input checked="" 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 STREET ADDRESS CITY-ST-ZIP	<input 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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME CAHILL, WANDA G STREET ADDRESS 2905 E ORLANDO RD CITY-ST-ZIP PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		TITLE NAME RALPH HOLLISTER STREET ADDRESS 1340 W PARK LN CITY-ST-ZIP CALLAWAY FL 32404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE C NAME MILLER, LLOYD E JR STREET ADDRESS 8515 KLODYKE RD CITY-ST-ZIP YOUNGSTOWN, FL 32466	<input checked="" type="checkbox"/> Delete		TITLE NAME C ROBERT STONE STREET ADDRESS 6920 B LANE CITY-ST-ZIP CALLAWAY FL 32404	<input type="checkbox"/> Change <input checked="" 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: <u>Theodore K. Tonissen</u> 7-8-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					