



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90027 017 ****80.00

DOCUMENT # N01000005006 1. Entity Name MARINE CORPS LEAGUE, BAREFOOT BAY DETACHMENT #918, INC.					
Principal Place of Business 1433 GARDENIA DRIVE BAREFOOT BAY, FL 32976 US				Mailing Address 1433 GARDENIA DRIVE BAREFOOT BAY, FL 32976 US	
2. Principal Place of Business - No P.O. Box # Barefoot Bay #918		3. Mailing Address P.O. Box 501048		 03182008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. Bldg D		Suite, Apt. #, etc.			
City & State Barefoot Bay, FLA		City & State MALABAR FL			
Zip 32976		Zip 32950			
Country us		Country us		4. FEI Number 50-3435061 80-0159385	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent YOUNG, JON 1433 GARDENIA DRIVE BAREFOOT BAY, FL 32976				7. Name and Address of New Registered Agent Name Lorrie M. Barnes Street Address (P.O. Box Number is Not Acceptable) 3285 Kramer Lane City MALABAR FL Zip Code 32950	
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 Lorrie M. Barnes Paymaster <i>Lorrie M. Barnes</i> 4/13/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D HEADY, RUSSELL S 250 DOLPHIN CIRCLE BAREFOOT BAY, FL 32976	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BARNES, Bobby R P.O. Box 501048 MALABAR FL 32950
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, WAYNE 759 CONCHA DRIVE SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Owings 755 Onyx Drive NE Palm Bay, FL 32905
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, RANDY P O BOX 601048 MALABAR, FL 32950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James A. McPheters 1043 Royal Palms Drive Barefoot Bay, FL 32976
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRYSTALINE, JOHN 338 S PAPAYA CIRCLE BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lorrie M. Barnes P.O. Box 501048 MALABAR, FL 32950
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, LAURA PO BOX 601048 MALABAR, FL 32950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: Bobby R Barnes <i>Bobby R Barnes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10 APR 08 321 266-0941 <small>Date Daytime Phone #</small>	