


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90202 020 ****61.25

DOCUMENT # N03000005473						
1. Entity Name MARINE CORPS LEAGUE MARTIN COUNTY DETACHMENT 1045, INC.						
Principal Place of Business 153 SW HIDEAWAY PLACE STUART, FL 34994 US			Mailing Address 153 SW HIDEAWAY PLACE STUART, FL 34994 US			
2. Principal Place of Business - No P.O. Box # 7148 S.E. QUINCY TERR		3. Mailing Address 7148 S.E. QUINCY TERR.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State HOBE SOUND FL		City & State HOBE SOUND FL		4. FEI Number 90-0090665		
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
Zip 33455		Country U.S.		Zip 33455		
Country U.S.		Country U.S.				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
SCHMITT, FRANK M S 153 SW HIDEAWAY OKACE STUART, FL 34994			Name DIGNEY, JOSEPH			
			Street Address (P.O. Box Number is Not Acceptable) 7148 S.E. QUINCY TERRACE			
			City HOBE SOUND		FL	Zip Code 33455
			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 JOSEPH DIGNEY		<i>Joseph Digney</i>		4-18-07		
Signature, typed or printed name of registered agent and title if applicable. DIRECTOR		(NOTE: Registered Agent signature required when re-registering)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007		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 BREEN, PATRICK G P 1950 SW PALM CITY ROAD #5-305 STUART, FL 34994	<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	D BRYANT, TERRY J V 480 ONYX WAY JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ROBIN BARKER 3776 ADRIATIC LAVE #103 JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARK, RONALD 7894 MAMMOTH DRIVE HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JOSEPH DIGNEY 7148 S.E. QUINCY TERRACE HOBE SOUND FL 33455	<input checked="" 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	
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: <i>Joseph Digney</i>		JOSEPH DIGNEY		772 4/18/07 545-3310		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		