


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90023 030 ****61.25

DOCUMENT # N03000005473			
1. Entity Name MARINE CORPS LEAGUE MARTIN COUNTY DETACHMENT 1045, INC.			
Principal Place of Business 7148 SE QUINCEY TERR HOBE SOUND, FL 33455 US		Mailing Address 7148 SE QUINCEY TERR HOBE SOUND, FL 33455 US	
2. Principal Place of Business - No P.O. Box # 2292 SW SHOAL CREEK TRACE Suite, Apt. #, etc.		3. Mailing Address 2292 S.W. SHOAL CREEK TRACE Suite, Apt. #, etc.	
City & State PALM CITY, FL.		City & State PALM CITY, 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		
6. Name and Address of Current Registered Agent DIGNEY, JOSEPH 7148 SE QUINCY TERR HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name WILLIAM F. PENN Street Address (P.O. Box Number is Not Acceptable) 2292 S.W. SHOAL CREEK TRACE City PALM CITY FL Zip Code 34990	
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 William F. Penn Signature, typed or printed name of registered agent and title if applicable. DIRECTOR		Wish (NOTE: Registered Agent signature required when reinstating) DATE 03-14-2008	
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 BREEN, PATRICK G P 1950 SW PALM CITY ROAD #5-305 STUART, FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLEJA, Luis 19321 CARIBBEAN COURT TEQUESTA, FL. 31394 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, ROBIN 3776 ADRIATIC LN 103 JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, GLENN 31 KEY LIME JENSEN BEACH, FL. 34957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGNEY, JOSEPH 7148 SE QUINCY TERR HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM F. PENN 2292 S.W. SHOAL CREEK TRACE PALM CITY, FL. 34990 <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
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: Wish SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		William F. PENN 03-14-2008 (772) 286-2426 Date Daytime Phone #	