

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010523

FILED
Apr 23, 2007
Secretary of State

Entity Name: MAJOR B.F. HICKEY DETACHMENT, USMCL INC

Current Principal Place of Business:

AMERICAN LEGION POST
1520 4TH ST. N.
SAINT PETERSBURG, FL 33734 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15503
SAINT PETERSBURG, FL 33733 US

New Mailing Address:

FEI Number: 20-0660624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, JOSEPH
810 59TH AVE.
ST. PETERSBURG BEACH, FL 33706 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLY, JOSEPH
Address: 810 59TH AVE.
City-St-Zip: ST. PETERSBURG BEACH, FL 33706 US

Title: VP () Delete
Name: ALLONCIUS, EDWARD F
Address: 2740 40TH STREET N
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: VP () Delete
Name: MCDANIEL, FOREST
Address: 643 CEDARWOOD ST. N.
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: A/P () Delete
Name: ANDERSON, WAYNE C
Address: 223 ISLAND WAY, APT. 708
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY, JOSEPH

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date