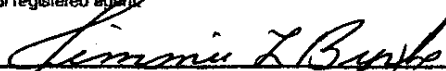
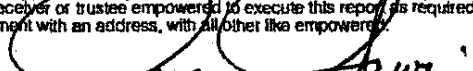


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Secretary of State

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DOCUMENT # N03000010661						Secretary of State 05-04-2004 90150 037 ****70.00	
1. Entity Name UNITED STATES MARINE CORPS LEAGUE INCORPORATED							
Principal Place of Business 132 SHER LANE DEBARY, FL 32713				Mailing Address P.O. BOX 531087 DEBARY, FL 32753-1087			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BYXBE, JIM 2441 TIMBERCREST DR. DELTONA, FL 32738				7. Name and Address of New Registered Agent 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.				4. FEI Number 59-3719569 Applied For Not Applicable			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required							
SIGNATURE  28-FEB-2004 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying) DATE							
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYXBE, JIM ☐ Delete 2441 TIMBERCREST DR. DELTONA, FL 32738			TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMANDANT ☐ Change ☒ Addition JAMES J. IRWIN 210 SHER LANE DEBARY, FL 32713		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCE, CHRISTOPHER ☐ Delete 907 IRON BEND TRAIL OSTEEN, FL 32764			TITLE NAME STREET ADDRESS CITY-ST-ZIP	X CHAPLAIN ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHARCIC, JOHN ☐ Delete 2806 AMBER RIDGE DELTONA, FL 32732			TITLE NAME STREET ADDRESS CITY-ST-ZIP	X JUDGE ADVOCATE OFFICER ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRYX, D. BRUCE ☒ Delete 546 WINONA DR. GENEVA, FL 32732			TITLE NAME STREET ADDRESS CITY-ST-ZIP	REMOVE ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, FRANCIS L ☒ Delete 201 WOODS TRAIL SANFORD, FL 32771			TITLE NAME STREET ADDRESS CITY-ST-ZIP	REMOVE ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.				21 FEB 407 687 9538			
SIGNATURE:  COMMANDANT				Date Daytime Phone #			