2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90150 037 ****70.00

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1. Entity Name
UNITED STATES MARINE CORPS LEAGUE INCORPORATED

Principal Place of Business	Mailing Address
132 SHER LANE DEBARY, FL 32713	P.O. BOX 531087 DEBARY, FL 32753-1087

02262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3719569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BYXBE, JIM 2441 TIMBERCREST DR. DELTONA, FL 32738	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.

SIGNATURE Jimmie L Byxbe 28-FEB-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

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 BYXBE, JIM 2441 TIMBERCREST DR. DELTONA, FL 32738	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDANT JAMES J. IRWIN 210 SHER LANE DEBARY, FL 32713	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANCE, CHRISTOPHER 907 IRON BEND TRAIL OSTEEN, FL 32764	☐ Delete	TITLE X / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAPLAIN	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUHARCIK, JOHN 2806 AMBER RIDGE DELTONA, FL 32732	☐ Delete	TITLE K / NAME / STREET ADDRESS / CITY-ST-ZIP	JUDGE ADVOCATE OFFICER	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENDRYX, D. BRUCE 546 WINONA DR. GENEVA, FL 32732	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REMOVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, FRANCIS L 201 WOODS TRAIL SANFORD, FL 32771	☒ Delete	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)(i), 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.

24 FEB 407

SIGNATURE: [signature] J Irwin, COMMANDANT 687 9538
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR DIRECTOR Date Daytime Phone #