


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000010661 1. Entity Name UNITED STATES MARINE CORPS LEAGUE INCORPORATED	
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Principal Place of Business PO BOX 390722 DELTONA, FL 32739-0772	Mailing Address PO BOX 390722 DELTONA, FL 32739-0772
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01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3719569	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent BYXBE, JIM 2441 TIMBERCREST DR. DELTONA, FL 32738
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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 _____
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**


9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC BYXBE, JIM 2441 TIMBERCREST DR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VANCE, CHRISTOPHER 907 IRON BEND TRAIL OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KUHARCIK, JOHN 2806 AMBER RIDGE DELTONA, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAO HAGUE, WILLIAM 1146 GAGE AVE. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO THOMAS, FRANCIS L 201 WOODTRAIL SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AO COTTEN, MARION 2072 ALAMEDA DR DELTONA, FL 32738

000000445145
03/07/06-80032-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 321 377-6829
Date Daytime Phone #