
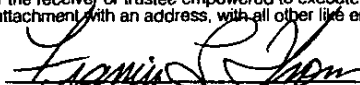


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90039 037 \*\*\*\*61.25

<b>DOCUMENT # N03000010661</b>					
1. Entity Name <b>UNITED STATES MARINE CORPS LEAGUE INCORPORATED</b>					
Principal Place of Business <b>PO BOX 390722 DELTONA, FL 32739-0772</b>			Mailing Address <b>PO BOX 390722 DELTONA, FL 32739-0772</b>		
2. Principal Place of Business - No P.O. Box #		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			7. Name and Address of New Registered Agent		
<b>BYXBE, JIM 2441 TIMBERCREST DR. DELTONA, FL 32738</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC BYXBE, JIM 2441 TIMBERCREST DR DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMANDANT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VANCE, CHRISTOPHER 907 IRON BEND TRAIL OSTEEN, FL 32764 <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	C <input checked="" type="checkbox"/> Delete KUCHARCIK, JOHN 2806 AMBER RIDGE DELTONA, FL 32732	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT COMMANDANT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRUCE HENDRYX 546 WINDWARD DR. GENEVA, FL 32732		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAO <input type="checkbox"/> Delete HAGUE, WILLIAM 1146 GAGE AVE. DELTONA, FL 32738	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO <input type="checkbox"/> Delete THOMAS, FRANCIS L 201 WOODTRAIL SANFORD, FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AO <input type="checkbox"/> Delete COTTEN, MARION 2072 ALAMEDA DR DELTONA, FL 32738	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: 		1/29/07		407 323-8831	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40019350



01292007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3719569**

Applied For  
Not Applicable

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