

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010661

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** UNITED STATES MARINE CORPS LEAGUE INCORPORATED

**Current Principal Place of Business:**

546 WINONA DRIVE  
GENEVA, FL 32732

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 390722  
DELTONA, FL 327390772

**New Mailing Address:**

**FEI Number:** 59-3719569

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BYXBE, JIM  
2441 TIMBERCREST DR.  
DELTONA, FL 32738 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: CMDT  
Name: HENDRYX, BRUCE  
Address: 546 WINONA DR  
City-St-Zip: GENEVA, FL 32732

Title: CH  
Name: VANCE, CHRISTOPHER  
Address: 907 IRON BEND TRAIL  
City-St-Zip: OSTEEN, FL 32764

Title: ACMD  
Name: WAITE, ROBERT  
Address: 3644 MIDDLEBURG LN, APT 109  
City-St-Zip: ROCKLEDGE, FL 32955

Title: JAO  
Name: HAGUE, WILLIAM  
Address: 1146 GAGE AVE.  
City-St-Zip: DELTONA, FL 32738

Title: FO  
Name: THOMAS, FRANCIS L  
Address: 201 WOODTRAIL  
City-St-Zip: SANFORD, FL 32771

Title: ADJ  
Name: COTTEN, MARION L  
Address: 2072 ALAMEDA DR  
City-St-Zip: DELTONA, FL 327384874

I hereby 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 all other like empowered.

SIGNATURE: MARION L. COTTEN

ADJ

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date