

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90150 036 ****70.00

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| DOCUMENT # N03000010662 | | | | | |
| 1. Entity Name FLORIDA SEMPER FIDELIS DETACHMENT OF THE 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 | 4. FEI Number 59- 3719569 | |
| 5. Certificate of Status Desired | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 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. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | <input type="checkbox"/> Delete | TITLE X NAME STREET ADDRESS CITY-ST-ZIP | COMMANDANT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VANCE, CHRISTOPHER 907 IRON BENDN TRAIL OSTEEN, FL 32764 | <input type="checkbox"/> Delete | TITLE X NAME STREET ADDRESS CITY-ST-ZIP | CHAPLAIN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KUHARCIK, JOHN 2806 AMBER RIDGE DELTONA, FL 32725 | <input type="checkbox"/> Delete | TITLE K NAME STREET ADDRESS CITY-ST-ZIP | JUDGE ADVOCATE OFFICER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENDRYX, D. BRUCE 546 WINONA DR. GENEVA, FL 32732 | <input type="checkbox"/> Delete | TITLE K NAME STREET ADDRESS CITY-ST-ZIP | USMC LIASON OFFICER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMAS, FRANCIS L 201 WOODS TRAIL SANFORD, FL 32771 | <input type="checkbox"/> Delete | TITLE X NAME STREET ADDRESS CITY-ST-ZIP | PAYMASTER OFFICER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | 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 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. | | | | | |
| SIGNATURE: <i>Jimmarie K. Byxbe</i> | | | COMMANDANT | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: 29 FEB (396) 860 6564 <small>Daytime Phone #</small> | | |