


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000011328 1. Entity Name U.S. MARINE CORPS LEAGUE J.R. SPEARS DETACHMENT #66, INC.	
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Principal Place of Business P.O. BOX 3491 MILTON, FL 32572	Mailing Address P.O. BOX 3491 MILTON, FL 32572
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2474853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, PHILLIP Q
4882 BLAKEMORE DR
MILTON, FL 32571

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVC BAXTER, MIKE 2499 CHANCE RD MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JRVC WEATHERSBY, STEVEN 2443 BOWLING GREEN WAY CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, SUE 439 LAKEVIEW AVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FOSTER, PHILLIP Q 4882 BLAKEMORE DR MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000596222
01/23/07-80070-012 70.00

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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: Phillip Foster - PHILLIP FOSTER - JA - 01/15/07 **850-380-0640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #