


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

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



01072008 No Chg-NP CR2E037 (4/06)

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

<b>6. Name and Address of Current Registered Agent</b>  FOSTER, PHILLIP Q 4882 BLAKEMORE DR MILTON, FL 32571
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SRVC BAXTER, MIKE 2499 CHANCE RD MOLINO, FL 32577
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	JRVC WEATHERSBY, STEVEN 2443 BOWLING GREEN WAY CANTONMENT, FL 32533
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T SMITH, SUE 439 LAKEVIEW AVE CANTONMENT, FL 32533
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	C FOSTER, PHILLIP Q 4882 BLAKEMORE DR MILTON, FL 32571
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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UD00000784870  
01/16/08-80063-027 70.00

**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 Q. Foster **PHILLIP Q. FOSTER** 01/11/08 850-380-0640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #