2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011072

FILED Mar 04, 2009 Secretary of State

Entity Name: FLORIDA MARINE CORPS LEAGUE DETACHMENT #59 INC.

Current Principal Place of Business: New Principal Place of Business:

5391 COLLINS ROAD 1861 STANFORD RD.

JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

P.O. BOX 14070 JACKSONVILLE, FL 32238

FEI Number: 23-7110184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HOLDER, FORREST D 1861 STANFORD RD JACKSONVILLE, FL 32207 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

COMM (X) Change () Addition () Delete COVELLA, JOSEPH KENNEDY, BRYAN MR. Name: Name: 12930 RIVERMIST WAY Address: 3724 WEXFORD HOLLOW RD. E. Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VC () Delete Title: (X) Change () Addition

VERRILL, EDWIN H Name: VERRILL, EDWIN H MR. Name: Address: P.O.BOX 150052 Address: P.O.BOX 150052

City-St-Zip: JACKSONVILLE, FL 32215 DU City-St-Zip: JACKSONVILLE, FL 32215 US

Title: () Delete Title: (X) Change () Addition LYNCH, PETER LEISMAN, JOHN MR. Name: Name:

737 WINFORD DRIVE 10649 PLUM HOLLOW DR. Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: JACKSONVILLE, FL 32222 US

Title: PM() Delete Title: PM (X) Change () Addition

HOLDER, FORREST D Name: Name: HOLDER, FORREST D Address: 1861 STANFORD RD. Address: 1861 STANFORD RD. City-St-Zip: JACKSONVILLE, FL 32207 DU City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FORREST D. HOLDER PM03/04/2009