## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 14, 2006 8:00 am Secretary of State

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DOCUMENT # N05000011998  1. Enlity Name MARINE CORPS LEAGUE, RIVERVIEW DETACHMENT INC									07-14-200	_		
Principal Place of Business 7504 RIVERVIEW DRIVE RIVERVIEW, FL 33568			PO E	Mailing Address PO BOX 1831 RIVERVIEW, FL 33568				1 3 <b>8 T</b> (7 <b>1 T</b> ) <b>8</b> 4 1	ITIBI BINIL BBINI BBINI BB	. + +,	; 4 : URIO 1960 (DIO) 10	<b>                                 </b>
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite Aot #, etc.		Suite, Apt. #, etc.					07052006	Chg-NP	CR2I	E037 (4/06)		
City & State			City & State					4. FEI Number	3 8 06 10	· ·	<u> </u>	oplied For
Žip	Country		Zij	Zip		Country		5. Certificate of	of Status Desired	ď	\$8.75 Add	ditional
-	6. Name	and Address of Current	t Register	ed Agent				7. Name and	Address of New I	Registere	d Agent	
IA CKCON	DAV#D 0					Name						
JACKSON, DAVID C 1533 THISTLEDOWN DRIVE BRANDON, FL 33510							Street Address (P.O. Box Number is Not Acceptable)					
						City				F	L Zip Cod	le .
	named entity tions of regist	y submits this statement f tered agent.	for the purp	oose of changing its	register	ed office or	register	red agent, or both	n, in the State of F	lorida. I ar	n familiar with,	and accept
SIGNATURE .	Signature, lyped	or printed name of registered agen	nt and little if ap	plicable. (NOTE	: Registere	ed Agent signate	ure required	t when reinstating)		DATE		<del></del>
· `	Filing Fe	or printed name of registered agen	nl and little if api	glicable. (NOTE 9. Election Can Trust Fund C	npaign F	Financing	ure required	\$5.00 May Be Added to Fees		Nake che	ck payable t	
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12. I hereby certify that the information supplied with this filling 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.

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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