

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90126 004 \*\*\*\*70.00

<b>DOCUMENT # N05000011998</b>					
<b>1. Entity Name</b> MARINE CORPS LEAGUE, RIVERVIEW DETACHMENT INC					
<b>Principal Place of Business</b> 7504 RIVERVIEW DRIVE RIVERVIEW, FL 33568			<b>Mailing Address</b> PO BOX 1831 RIVERVIEW, FL 33568		
<b>2. Principal Place of Business - No P.O. Box #</b> 7240 US HWY 301		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		City & State RIVERVIEW, FL		City & State	
Zip 33569	Country USA	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b> JACKSON, DAVID C 1533 THISTLEDOWN DRIVE BRANDON, FL 33510			<b>7. Name and Address of New Registered Agent</b> Name <u>JOHN BAIN</u> Street Address (P.O. Box Number is Not Acceptable) 6214 15TH AVE S City <u>TAMPA</u> <u>FL</u> Zip Code <u>33619</u>		
<b>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.</b>					
SIGNATURE <u>JOHN BAIN</u> <u>7/12/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> BAIN, JOHN 6214 15TH AVE TAMPA, FL 33619	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> JACKSON, DAVID C 1533 THISTLEDOWN DR BRANDON, FL 33510	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P/D</b> COMMANDANT JOHN BAIN 6214 15TH AVE S TAMPA, FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V/D</b> SR. VICE COMMANDANT JOHN T. SKELDING 10813 BUFFITO DR RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V/D</b> JR. VICE COMMANDANT DENNIS A. ANTLE 4734 OHIO AVE TAMPA, FL 33616	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> JUDGE ADVOCATE ROBERT D. GRIFFITH 11411 MC NULLEN LOOP RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>JOHN BAIN</u> <u>7/12/2007</u> <u>813-967-3150</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					