


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N06680					
1. Entity Name MARINE CORPS LEAGUE BREVARD COUNTY DETACHMENT, INC.					
Principal Place of Business 957 BAYWARD CT ROCKLEDGE FL 32955		Mailing Address 957 BAYWARD CT ROCKLEDGE FL 32955			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-2572282	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INGRAHAM, FRANK 957 BAYWARD CT ROCKLEDGE FL 32955			7. Name and Address of New Registered Agent Name: SAME AS CURRENT Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code		
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: <i>F. Ingraham</i> DATE: 2/15/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, THE REV PERRY W		NAME	SAME U00000237318 02/21/05-80052-009 61.25	
STREET ADDRESS	2255 PARADISE BLVD #21		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		
NAME	INGRAHAM, FRANK		NAME		
STREET ADDRESS	957 BAYWARD CT		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEVAN, MARY		NAME		
STREET ADDRESS	2125 GOLD ISLE DR # 1423		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAL DASTRI, JOESPA A		NAME		
STREET ADDRESS	670 BIMINI ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUDOLPH, STEVEN		NAME		
STREET ADDRESS	677 WALNUT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMPTON, HERMAN T		NAME		
STREET ADDRESS	2608 SADLER LANE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>F. Ingraham</i>		DATE: 2/15/05		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E037 (10/04)