SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -7 AM 10:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N28254** **(3)**

1. Corporation Name
MARINE CORPS LEAGUE, JACKSONVILLE DETACHMENT, INC.

Principal Place of Business	Mailing Address
8462 WESSEX CT JACKSONVILLE FL 32200-3535 US	P O BOX 43535 JACKSONVILLE FL 32203-3535 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1988
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2571754 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21: 1269 BLACKMON RD.
22: Suite, Apt. #, etc.
23: City & State: YULEE, FL.
24: Zip: 32097 25: Country: US

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

FOWLER, JAMES A J
8462 WESSEX CT
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name: DREW M. DUPREE
82 Street Address (P.O. Box Number is Not Acceptable): 1269 BLACKMON RD.
83:
84 City: YULEE **FL** 85 Zip Code: 32097

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: DREW M. DUPREE (Signature, typed or printed name of registered agent and title if applicable) Drew M. DuPree (NOTE: Registered Agent signature required when reinstating) 8/1/95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	O'DONNELL, LARRY D.	12 NAME	REAM, DONALD E.
STREET ADDRESS	659 O'HARA ROAD	13 STREET ADDRESS	14905 BELL ESTATES RD.
CITY-ST-ZIP	MIDDLEBURG FL	14 CITY-ST-ZIP	BALDWIN, FL. 32234-2410
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	FOWLER, JAMES A. JR.	22 NAME	DUPREE, DREW M.
STREET ADDRESS	8462 WESSEX COURT	23 STREET ADDRESS	1269 BLACKMON RD.
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	YULEE, FL. 32097-9754
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	JACKSON, ANDREW B. S	32 NAME	HABING, CHARLES H.
STREET ADDRESS	3343 TIKI LN.	33 STREET ADDRESS	5488 JACKSON AVE.
CITY-ST-ZIP	GREEN COVE SPRINGS FL	34 CITY-ST-ZIP	ORANGE PARK, FL. 32065-7236
TITLE		41 TITLE	D ☒ Change ☒ Addition
NAME		42 NAME	LEISMAN, JOHN
STREET ADDRESS		43 STREET ADDRESS	8770 CHERYL ANN LN.
CITY-ST-ZIP		44 CITY-ST-ZIP	JACKSONVILLE, FL. 32244-1104
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DREW M. DUPREE Drew M. DuPree 8/1/95 904-391-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001710