

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90246 030 \*\*\*\*61.25

<b>DOCUMENT # N30161</b> 1. Entity Name <b>NORTH LAKE DETACHMENT MARINE CORPS LEAGUE, INC.</b>					
Principal Place of Business <b>2240 MARCELLA WAY P.O. BOX 493541 LEESBURG, FL 34749</b>			Mailing Address <b>2240 MARCELLA WAY P.O. BOX 493541 LEESBURG, FL 34749</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01302005 Chg-NP CR2E037 (10/03) 4. FEI Number <b>59-2932916</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FORTIN, ROBERT D. 33648 PICCIOLA DRIVE FRUITLAND PARK, FL 34731-6118</b>			7. Name and Address of New Registered Agent Name <b>FREDERICK BOWLING</b> Street Address (P.O. Box Number is Not Acceptable) <b>527 CHEVA VISTA AVE</b> City <b>THE VILLAGES</b> FL Zip Code <b>32159</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.  SIGNATURE <b>Frederick L Bowling</b> <i>Frederick L Bowling</i> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORTIN, ROBERT D		NAME	<b>COMMANDANT FREDERICK BOWLING</b>	
STREET ADDRESS	33648 PICCOLA DRIVE		STREET ADDRESS	<b>527 CHEVA VISTA AVE</b>	
CITY-ST-ZIP	FRUITLAND PARK, FL 347316118		CITY-ST-ZIP	<b>THE VILLAGES FL 32159</b>	
TITLE	PM	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOTH, RICHARD E		NAME	<b>S.R. VICE DAVID B. PERKINS</b>	
STREET ADDRESS	1755 SWEETWATER WEST CIR		STREET ADDRESS	<b>7316 OTTER CREEK CT.</b>	
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP	<b>YALAHUA, FL 34797</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METZ, LARRY E		NAME	<b>JR VICE GEORGE VANDERBRIEF</b>	
STREET ADDRESS	P.O. BOX 57		STREET ADDRESS	<b>10619 SE 12TH LN.</b>	
CITY-ST-ZIP	YALAHUA, FL 347970057		CITY-ST-ZIP	<b>BELLEVIEW FL 34420</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUMBAA, BILL P		NAME	<b>JOSEPH A. JR JAMES C. BRADFORD</b>	
STREET ADDRESS	2402 GRIFFIN DRIVE		STREET ADDRESS	<b>701 Avocado Cove</b>	
CITY-ST-ZIP	LEESBURG, FL 347483139		CITY-ST-ZIP	<b>Leesburg, FL 34748</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANNON, TERRY W		NAME	<b>RAYMASTER</b>	
STREET ADDRESS	28944 HUBBOND ST. #115		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELKER, WILLIAM J		NAME	<b>ADJUTANT</b>	
STREET ADDRESS	746 ROYAL PALM AVE		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 321592342		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)(i), 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: <b>Frederick L Bowling</b> <i>Frederick L Bowling</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	