

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90140 026 \*\*\*\*61.25

**DOCUMENT # N30181**

1. Entity Name

**NORTH LAKE DETACHMENT MARINE CORPS LEAGUE, INC.**



Principal Place of Business

Mailing Address

**2240 MARCELLA WAY  
P.O. BOX 493541  
LEESBURG FL 34749**

**2240 MARCELLA WAY  
P.O. BOX 493541  
LEESBURG FL 34749**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2932916**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAWLINA, FREDRICK  
527 CHEVA VISTA AVE  
THE VILLAGES FL 32159**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**32159**

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

*Frederick L Bowley*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signatures must be typed when not applicable)

DA L

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	BOWLING, FREDERICK	
STREET ADDRESS	527 CHEVA VISTA AVE	
CITY - ST - ZIP	THE VILLAGES FL 32159	
TITLE	SV	<input type="checkbox"/> Delete
NAME	PERKINS, DAVID	
STREET ADDRESS	7316 OTTER CREEK CT	
CITY - ST - ZIP	YALAHUA FL 34797	
TITLE	JV	<input type="checkbox"/> Delete
NAME	VANDERGRIFT, GEORGE	
STREET ADDRESS	10619 SE 127TH LANE	
CITY - ST - ZIP	BELLEVUE FL 34420	
TITLE	JA	<input type="checkbox"/> Delete
NAME	BRADFORD, JAMES C	
STREET ADDRESS	101 AVOCADO COVE	
CITY - ST - ZIP	LEESBURG FL 34748-3139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	527 Chula Vista Ave	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	otter Creek	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradford James C	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE:

*Frederick L Bowley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/28/06*

*352-250-2689*