


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90032 049 \*\*\*\*75.00

<b>DOCUMENT # N30161</b>	
1. Entity Name NORTH LAKE DETACHMENT MARINE CORPS LEAGUE, INC.	

Principal Place of Business 2240 MARCELLA WAY LEESBURG, FL 34749	Mailing Address P.O. BOX 493541 LEESBURG, FL 34749
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**DO NOT WRITE IN THIS SPACE**

10011076



03302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2932916	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BOWLING, FREDERICK 527 CHULA VISTA AVE THE VILLAGES, FL 32159
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**DO NOT WRITE  
IN THIS SPACE**

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOWLING, FREDERICK 527 CHULA VISTA AVE THE VILLAGES, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PERKINS, DAVID 7316 OTTER CREEK CT YALAH, FL 34797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JV VANDERGRIFT, GEORGE 35308 CROSS ST FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JA BRADFORD, JAMES C 101 AVOCADO COVE LEESBURG, FL 347483139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM SHANNON, PATRICK J 35147 FOREST LAKE ROAD LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: 	4-3-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #