

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38536 (1)

1. Corporation Name

JACK IV DETACHMENT #666, INCORPORATED, OF THE MARINE CORPS LEAGUE

Principal Place of Business

P O BOX 9091
PORT ST LUCIE FL 34985

Mailing Address

P O BOX 9091
PORT ST LUCIE FL 34985



3. Date Incorporated or Qualified
06/11/1990

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3024064

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROKE, EDWARD
412 SW AILEEN ST.
PORT ST. LUCIE FL 34983

81 Name

ROBERT SAMPSON

82 Street Address

8595 GALLBERRY CIRCLE

83

84 City

PT ST LUCIE

FL

85 Zip

34952

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 617.1503, Florida Statutes.

SIGNATURE

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

ROBERT SAMPSON

DATE

4-19-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MONROE, RICHARD
STREET ADDRESS 1205 COUNTRY GARDEN LANE
CITY-ST-ZIP FT. PIERCE FL

TITLE ☒ DELETE

NAME THACKER, LARRY
STREET ADDRESS 825 STREAMLET AVENUE
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE ☐ DELETE

NAME BANDYK, WALTER A
STREET ADDRESS 470 S.E. GALLEON LANE
CITY-ST-ZIP PORT ST LUCIE FL

TITLE ☒ DELETE

NAME SAMPSON, ROBERT
STREET ADDRESS 8595 GALLBERRY CIRCLE
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition

NAME BENEDICT, ROBERT
STREET ADDRESS 137 N.E. TUNISEN AVE
CITY-ST-ZIP PT. ST. LUCIE 34983

2.1 TITLE ☐ Change ☒ Addition

NAME THORPE, ROBERT E
STREET ADDRESS 1023 S.W. COLLEGE PARK RD
CITY-ST-ZIP PT. ST. LUCIE, FL 34953

3.1 TITLE ☐ Change ☒ Addition

NAME PRYOR, RICHARD
STREET ADDRESS 2550 S.E. HEMSING
CITY-ST-ZIP PORT ST LUCIE FL 34984

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 891-6111

CR2E037 (12/95)