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May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N38536 (1)**

1. Corporation Name

**JACK IVY DETACHMENT #666, INCORPORATED, OF THE M
ARINE CORPS LEAGUE**

Principal Place of Business

Mailing Address

P O BOX 9091
PORT ST LUCIE FL 34985P O BOX 9091
PORT ST LUCIE FL 34985-8091

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROBERT SAMPSON
8595 GALLBERRY CIRCLE
PT. ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name

EDWARD CROKE

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

412 S.W. AILEEN ST.

83

84 City

PT. ST. LUCIE**FL**

85 Zip Code

34983

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

22-APR-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MONROE, RICHARD	
STREET ADDRESS	1205 COUNTRY GARDEN LANE	
CITY - ST - ZIP	FT. PIERCE FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANCES M. COTTONE	
1.3 STREET ADDRESS	6524 ZAPOTE AV.	
1.4 CITY - ST - ZIP	FT. PIERCE FL. 34951	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THORPE, ROBERT E.	
STREET ADDRESS	1022 SW COLLEGE PARK RD	
CITY - ST - ZIP	PT. ST. LUCIE FL	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACK KREST	
2.3 STREET ADDRESS	2013 S.E. TRIUMPH RD.	
2.4 CITY - ST - ZIP	PT. ST. LUCIE, FL. 34952	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PRYOR, RICHARD	
STREET ADDRESS	2550 SE HEMSING	
CITY - ST - ZIP	PORT. ST. LUCIE FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	D E	<input type="checkbox"/> DELETE
NAME	BENEDICT, ROBERT	
STREET ADDRESS	137 NE TUNISEN AVE	
CITY - ST - ZIP	PT. ST. LUCIE FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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:

ROBERT W. BENEDICT Robert W. Benedict 4/22/97 561-8796753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)