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**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90025 048 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N38536**

1. Corporation Name

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/11/1990

4. FEI Number

59-3024064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

9. Name and Address of Current Registered Agent

CROKE, EDWARD  
412 S.W. AILEEN ST  
PT. ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name **GIUSTI, Robert T.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1241 S.W. Sudder Ave**  
83 **Port St. Lucie, FL**  
84 City **FL** 85 Zip Code **34953**

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 *Robert T. Giusti* **Robert T. Giusti COMMANDANT** **JUNE 7, 1999**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COTTONE, FRANCES M	
STREET ADDRESS	6524 ZAPOTE AVE.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIUSTI, ROBERT	
STREET ADDRESS	1241 SW SUDDER AVENUE	
CITY-ST-ZIP	PT. ST. LUCIE FL 34953	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THORPE, ROBERT	
STREET ADDRESS	1022 SW COLLEGE PK	
CITY-ST-ZIP	PORT. ST. LUCIE FL 34953	
TITLE	D E	<input type="checkbox"/> DELETE
NAME	BENEDICT, ROBERT	
STREET ADDRESS	137 NE TUNISEN AVE	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>YEM M, FRANK</b>
2.3 STREET ADDRESS	<b>7303 BANYON ST.</b>
2.4 CITY-ST-ZIP	<b>Port Pierce, FL. 34951-2162</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 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, with all other like empowered.

SIGNATURE: *Robert W. Benedict* **ROBERT W. BENEDICT** **6/4/99 561-849-6753**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)