

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90036 029 ****61.25

DOCUMENT # N38536

1. Entity Name

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



Principal Place of Business

P O BOX 9091
PORT ST LUCIE FL 34985
US

Mailing Address

P O BOX 9091
PORT ST LUCIE FL 34985
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3024064

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

**GIUSTI, ROBERT T
1241 S W SUDDER AVENUE
PORT ST. LUCIE FL 34983**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MAURIO, WARREN**
STREET ADDRESS **131 SW GETTYSBURG DR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **T/D** ☒ Change ☐ Addition
NAME **WARREN MAIRO**
STREET ADDRESS **131 SW GETTYSBURG DRIVE**
CITY-ST-ZIP **PORT ST LUCIE, FL 34953**

TITLE **DE** ☒ Delete
NAME **BENEDICT, ROBERT**
STREET ADDRESS **137 N E TUNICEN AVENUE**
CITY-ST-ZIP **PORT. ST. LUCIE FL 34953**

TITLE **D** ☐ Change ☒ Addition
NAME **ROBERT GIUSTI**
STREET ADDRESS **1241 S.W. SUDDER AVE**
CITY-ST-ZIP **PORT ST LUCIE, FL 34983**

TITLE **D** ☐ Delete
NAME **DEPAGNIER, DANIEL**
STREET ADDRESS **1191 SW CURTIS ST**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **D** ☐ Change ☒ Addition
NAME **EDWARD GROG**
STREET ADDRESS **412 SW AILEEN ST**
CITY-ST-ZIP **PORT ST LUCIE, FL 34983**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-2004

Date

772-336-1086

Daytime Phone #