2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# N38536

Entity Name: JACK IVY DETACHMENT #666, INCORPORATED, OF THE MARINE CORPS LEAGUE

Current Principal Place of Business:

P O BOX 9091
PORT ST LUCIE, FL 34985 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 9091
PORT ST LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 59-3024064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MAIRO, WARREN
Address: 131 SW GETTYSBURG DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D ( ) Delete
Name: GIUSTI, ROBERT
Address: 1241 S.W. SUDDER AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete
Name: DEPAGNIER, DANIEL
Address: 1191 SW CURTIS ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete
Name: GROKE, EDWARD
Address: 412 SW AILEEN ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN MAIRO PM 01/17/2005

Electronic Signature of Signing Officer or Director — Date