

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44742 (7)**  
1. Corporation Name  
**MARINE CORPS LEAGUE - CHARLOTTE DETACHMENT, INC.**



Principal Place of Business <b>P.O. BOX 1948 PUNTA GORDA FL 33951</b>	Mailing Address <b>P.O. BOX 1948 PUNTA GORDA FL 33951-1948</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>P.O. Box 511948</b> 23 <b>PUNTA GORDA, FL.</b> 24 <b>33951</b> 25 <b>CHARLOTTE</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>P.O. Box 511948</b> 28 <b>PUNTA GORDA, FL.</b> 29 <b>33951</b> 30 <b>CHARLOTTE</b>		3. Date Incorporated or Qualified <b>08/16/1991</b>	3a. Date of Last Report <b>04/09/1996</b>
		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATTS, JOHN**  
**20280 QUESADA AVE.**  
**PORT CHARLOTTE FL 33950**

81 Name **PHILIP V. ZISKA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**22129 BEVERLEY AV.**  
83  
84 City **PORT CHARLOTTE, FL** 85 Zip Code **33952**

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 *Philip V. Ziska*  
Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-4-97**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>3 D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THIEMT, RALPH</b>	1.2 NAME	<b>THIEMT, RALPH</b>
STREET ADDRESS	<b>716 BONITA CT.</b>	1.3 STREET ADDRESS	<b>716 BONITA CT.</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	1.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL. 33952</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WATTS, JOHN</b>	2.2 NAME	<b>ZISKA, PHILIP</b>
STREET ADDRESS	<b>20280 QUESADA AVE.</b>	2.3 STREET ADDRESS	<b>22129 BEVERLEY AV.</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	2.4 CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>3 D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRIER, CLYDE</b>	3.2 NAME	<b>RING, EDWIN</b>
STREET ADDRESS	<b>548 LAUREL AVE.</b>	3.3 STREET ADDRESS	<b>27204 PASADENA DR.</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	3.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL. 33955</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTIN, JOHN</b>	4.2 NAME	<b>QUICK, JOE</b>
STREET ADDRESS	<b>4022 BEAVER LN.</b>	4.3 STREET ADDRESS	<b>1489 HARBOR BLVD.</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	4.4 CITY-ST-ZIP	<b>PORT CHARLOTTE, FL. 33952</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAXTON, RICHARD</b>	5.2 NAME	
STREET ADDRESS	<b>467 ENCARNACION ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Edwin R. Ring</i>	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or is changed, or on an attachment with an address.

CR2E037 (9/96)