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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 P.O. BOX 1948 PO BOX 511948 PUNTA GORDA FL 33951 US	Mailing Address P.O. BOX 1948 PO BOX 511948 PUNTA GORDA FL 33951 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 08/16/1991	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
PHILIP V. ZISKA
22129 BEVERLEY AVE.
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent
81 Name **GEORGE A. CAVANO**
82 Street Address (P.O. Box Number is Not Acceptable)
22302 VICK ST.
83 Unit # **113**
84 City **CHARLOTTE HARBOR FL** **85** Zip Code **33980**

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]* DATE **4-5-98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	THEMT, RALPH	
STREET ADDRESS	716 BONITA CT.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ZISKA, PHILIP	
STREET ADDRESS	22129 BEVERLEY AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RING, EDWIN	
STREET ADDRESS	27204 PASADENA DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUICK, JOE	
STREET ADDRESS	1489 HARBOR BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAXTON, RICHARD	
STREET ADDRESS	487 ENCARNACION ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAVANO, GEORGE	
2.3 STREET ADDRESS	22302 VICK ST, UNIT #113	
2.4 CITY-ST-ZIP	CHARLOTTE HARBOR, FLORIDA 33980	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RUSSELL, RICHARD	
6.3 STREET ADDRESS	3267 ELKCAN BLVD.	
6.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

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.

SIGNATURE: *[Signature]* DATE **4-5-98** (941) 639-7223

CR2E037 (10/97)