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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N44742

1. Corporation Name

MARINE CORPS LEAGUE - CHARLOTTE DETACHMENT, INC.

Principal Place of Business

P.O. BOX 1548
PO BOX 511948
PUNTA GORDA FL 33951
US

Mailing Address

PO BOX 511948
PUNTA GORDA FL 33951
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified

08/16/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CAVAMP, GEPGE A
22302 VICK ST
UNIT #113
CARLOTTE HARBOR FL 33980

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOT E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
THIEMT, RALPH
STREET ADDRESS 716 BONITA CT.
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME P
CAVANO, GEROGE
STREET ADDRESS 22302 VICK ST, UNIT #113
CITY-ST-ZIP CHARLOTT HARBOR FL 33980

TITLE ☐ DELETE

NAME D
RING, EDWIN
STREET ADDRESS 27204 PASADENA DR.
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME D
QUICK, JOE
STREET ADDRESS 1489 HARBOR BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ DELETE

NAME T
SAXTON, RICHARD
STREET ADDRESS 467 ENCARNACION ST
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ DELETE

NAME D
RUSSELL, RICHARD
STREET ADDRESS 3267 ELKAN BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33952

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 941-625-9568

Date

Daytime Phone #

CR2E037 (1/98)