


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90010 026 ****61.25

DOCUMENT # N44742 1. Entity 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 PO BOX 511948 PUNTA GORDA, FL 33951 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THIEMT, RALPH H 1410 KENMOVE ST PORT CHARLOTTE, FL 33952				Name RAYMOND E. KISH Street Address (P.O. Box Number is Not Acceptable) 25419 Babette Court City Punta Gorda, Florida FL 33983	
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 Raymond E. Kish <i>Raymond E. Kish</i> 3-Feb-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VPD THIEMT, RALPH 1410 KENMORE ST PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Raymond E. Kish 25419 Babette Court Punta Gorda, FL 33983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, STANLEY J 215 RIO VILLA #3351 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAXTON, RICHARD E 467 ENCARNACION ST OPRT CHARLOTTE, FL 33983	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hamilton W. Shoop 900 Islamorada Blvd Punta Gorda, FL 33955-1865	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRITES, WILLIAM E 701 AQUI ESTA DR #82 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harold C. Prefontaine 3265 Beacon Dr. Port Charlotte, FL 33980	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>Hamilton W. Shoop</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-Feb-2004 575-8933 <small>Date Daytime Phone #</small>		