

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90049 028 ****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	01202005 Chg-NP CR2E037 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KISH, RAYMOND E 25419 BABETTE COURT PUNTA GORDA, FL 33983			7. Name and Address of New Registered Agent Name Henry J. Mastowski Street Address (P.O. Box Number is Not Acceptable) 21441 Webbwood Avenue City Port Charlotte, FL Zip Code 33954		
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 Henry J. Mastowski Signature, typed or printed name of registered agent and title if applicable.					26 Jan. 2005 DATE
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 PD NAME KISH, RAYMOND E STREET ADDRESS 25419 BABETTE COURT CITY-ST-ZIP PUNTA GORDA, FL 33983	☒ Delete		TITLE PD NAME Henry J. Mastowski STREET ADDRESS 21441 Webbwood Avenue CITY-ST-ZIP Port Charlotte, Fl. 33954	☒ Change ☐ Addition	
TITLE VPD NAME SMITH, STANLEY J STREET ADDRESS 215 RIO VILLA #3351 CITY-ST-ZIP PUNTA GORDA, FL 33950	☒ Delete		TITLE VPD NAME Chuck Cadmen STREET ADDRESS 26283 Nadir Rd. #201B CITY-ST-ZIP Punta Gorda, Fl. 33983	☒ Change ☐ Addition	
TITLE TD NAME SHOOP, HAMILTON W STREET ADDRESS 900 ISLAMORADA BLVD. CITY-ST-ZIP PUNTA GORDA, FL 33955	☒ Delete		TITLE TD NAME Dale Venlos STREET ADDRESS 27088 Omni Lane CITY-ST-ZIP Punta Gorda, Fl. 33983	☐ Change ☐ Addition	
TITLE SD NAME CRITES, WILLIAM E STREET ADDRESS 701 AQUI ESTA DR #82 CITY-ST-ZIP PUNTA GORDA, FL 33950	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME PREFONTAINE, HAROLD C STREET ADDRESS 3265 BEACON DR. CITY-ST-ZIP PORT CHARLOTTE, FL 33980	☒ Delete		TITLE D NAME Ken Travis STREET ADDRESS 2180 Broadbranch Drive CITY-ST-ZIP Port Charlotte, Fl. 33948	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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			26 Jan. 2005		(941)629-8368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #