2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90030 040 ****61.25

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1. Entity Name
CITRUS DETACHMENT #819 MARINE CORPS LEAGUE, INC.

Principal Place of Business	Mailing Address
STATE ROAD 200 HERNANDO, FL 34442	P O BOX 640383 BEVERLY HILLS, FL 34465

01172004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3184438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COULON, JAMES P
634 E KELLER
HERNANDO, FL 34442-8381

7. Name and Address of New Registered Agent

Name Walter P. Clevenger

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

3420 N. Sunrose Path

City Beverly Hills, **FL** Zip Code 34465-3873

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 Walter P. Clevenger Walter P. Clevenger 2/4/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COULON, JAMES P 634 E. KELLER HERNANDO, FL 344428381	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T Walter P. Clevenger 3420 N. Sunrose Path Beverly Hills, FL 34465-3873	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULAWSKI, WALTER J 4801 N. EL CAMINO DR. BEVERLY HILLS, FL 344658733	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Paul E. Pilny 3 N Best Pt Inverness, FL 34450-1452	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SPIKES, CHARLES 9320 S. BERSHIRE AVE. INVERNESS, FL 344529002	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Walter P. Clevenger Walter P. Clevenger 2/4/04 352-746-7063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #