

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011004

FILED
Apr 30, 2006
Secretary of State

Entity Name: MARINE CORPS LEAGUE AUXILIARY, INC.

Current Principal Place of Business:

14954 SW 35TH TERRACE RD
OCALA, FL 34473-241 US

New Principal Place of Business:

Current Mailing Address:

14954 SW 35TH TERRACE RD
OCALA, FL 34473 US

New Mailing Address:

FEI Number: 59-3352641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZELTON, MARY A
14954 SW 35TH TERRACE RD
OCALA, FL 34473 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRAVIS, GLENDA
Address: 2180 BROADRANCH DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: VP () Delete
Name: GALLAGHER, JOAN
Address: 5629 MOOG ROAD
City-St-Zip: NEW PORT RICHEY, FL 34625 US

Title: VP (X) Delete
Name: CALLEJA, NANCY
Address: 19321 CARRIBEAN COURT
City-St-Zip: TEQUESTA, FL 33469 US

Title: T () Delete
Name: HAZELTON, MARY A
Address: 14954 SW 35TH TERRACE RD
City-St-Zip: OCALA, FL 34473 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CALLEJA, NANCY
Address: 19321 CARRIBEAN COURT
City-St-Zip: TEQUESTA, FL 33469 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY A HAZELTON

TREA

04/30/2006

Electronic Signature of Signing Officer or Director

Date