2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003623

FILED Mar 24, 2009 Secretary of State

Entity Name: TRI-COUNTY UNIT 381 MARINE CORP LEAGUE AUXILIARY INC.

Current Principal Place of Business: New Principal Place of Business:

297 NE 544TH STREET

OLD TOWN, FL 32680 OLD TOWN, FL 32680 US US

Current Mailing Address: New Mailing Address:

297 NE 544TH STREET 140 NE 900 STREET

OLD TOWN, FL 32680 US BRANFORD, FL 32008 US

FEI Number: 20-8674852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARCADI, PATRICIA A HARRELL, SHIRLEY F 297 NE 544TH STREET 140 NE 900 STREET

OLD TOWN, FL 32680 US BRANFORD, FL 32008 US

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: SHIRLEY F. HARRELL 03/24/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES (X) Change () Addition () Delete

DAVIS, JANE ARCADI, PATRICIA A Name: Name: 1120 EAST 4TH STREET Address: 297 NE 544TH STREET Address: City-St-Zip: MT. VERNON, IN 47620 US City-St-Zip: OLD TOWN, FL 32680 US

Title: () Delete Title: () Change () Addition

Name: LANG, ARLENE Name: Address: 11651 NE 85TH STREET Address: City-St-Zip: BRONSON, FL 32621 US City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

ARCADI, PATRICIA A Name: HARRELL, SHIRLEY F Name: 297 NE 544TH STREET Address: Address: 140 NE 900 STREET City-St-Zip: OLD TOWN, FL 32680 US City-St-Zip: BRANFORD, FL 32008 US

I hereby certify that the information supplied with this filing does not qualify 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: SHIRLEY F. HARRELL SEC 03/24/2009