

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011004

Entity Name: MARINE CORPS LEAGUE AUXILIARY, INC.

Current Principal Place of Business:

6724 E. GLENCOE ST
INVERNESS, FL 34452-7128

Current Mailing Address:

PO BOX 1119
INVERNESS, FL 34451-1119 US

FEI Number: 59-3602917

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, ROSLYN
6724 E GLENCOE ST
INVERNESS, FL 34452-7128 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SKELDING, PATRICIA
Address 10813 BURRITO DR.
City-State-Zip: RIVERVIEW FL 33569

Title VP
Name JOAN, CECIL
Address 5248 S. VENTI TERRACE
City-State-Zip: INVERNESS FL 34452

Title SEC
Name MC QUISTON, SUE
Address 9173 ELDRIDGE RD
City-State-Zip: SPRING HILL FL 34608

Title 2VP
Name SPONHEIM, JEAN
Address 7278 ROYAL OAK DR
City-State-Zip: SPRING HILL FL 34607

Title TREA
Name ROSLYN, SMITH
Address 6724 E GLENCOE ST
City-State-Zip: INVERNESS FL 34452-7128

Title JA
Name JOPPA, EVELYN
Address 8617 KNOB HILL CT
City-State-Zip: NEW PORT RICHEY FL 34653

I hereby 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 all other like empowered.

SIGNATURE: ROSLYN SMITH

TREASURER

02/03/2013

Electronic Signature of Signing Officer/Director Detail

Date