

**2015 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 CECIL, JOAN  
Address 5248 S. VENTI TERRACE  
City-State-Zip: INVERNESS FL 34452

Title VP  
Name TAMBURRINO, JEAN  
Address 6267 BOATWRIGHT RD.  
City-State-Zip: SPRING HILL FL 34609

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

Title 2VP  
Name JOPPA, EVELYN  
Address 8617 KNOB HILL CT.  
City-State-Zip: NEW PORT RICHEY FL 34653

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

Title JA  
Name DEDE-LEON, GEORGIA  
Address 6021 NW FAVIAN AVE  
City-State-Zip: PORT ST. LUCIE FL 34986

*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**

**01/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date