

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90198 022 ****61.25

DOCUMENT # N01000003361

1. Entity Name

CHARLOTTE COUNTY UNIT MARINE CORPS LEAGUE AUXILIARY, INC.



Principal Place of Business

**306 EAST OLYMPIA AVE
PUNTA GORDA FL 33950**

Mailing Address

**306 EAST OLYMPIA AVE
PUNTA GORDA FL 33950**

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 **65-0995065**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROONEY, J MICHAEL
306 EAST OLYMPIA AVE
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **D** ☒ Delete
NAME **POUDRIER, DONALYNE**
STREET ADDRESS **4135 KINGS HWY #22**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **D** ☐ Delete
NAME **DALY, FLORENCE**
STREET ADDRESS **402 DONORA ST**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **JA** ☐ Delete
NAME **MAREK, THERESA A MA**
STREET ADDRESS **25419 BABETTE CT**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **T** ☒ Delete
NAME **RINCHART, JOYCE**
STREET ADDRESS **21556 EDGEWATER DR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director, Secretary, Sr VP** ☒ Change ☐ Addition
NAME **RINEHART, Joyce**
STREET ADDRESS **21556 Edgewater Dr**
CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE **Director/President** ☒ Change ☐ Addition
NAME **Daly, Florence**
STREET ADDRESS **402 Donora St**
CITY-ST-ZIP **Port Charlotte, FL 33948**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer Evelyn Wooldridge**
STREET ADDRESS **409 Glenridge Ave**
CITY-ST-ZIP **Port Charlotte, Florida 33952**

TITLE ☐ Change ☒ Addition
NAME **Director, Jr Vice Pres Lynde KISH**
STREET ADDRESS **25419 Babette Ct**
CITY-ST-ZIP **Punta Gorda, FL 33983**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

CR2E037 (10/02)