

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90015 019 \*\*\*\*70.00

DOCUMENT # N02000002529

1. Entity Name

MARINE CORPS LEAGUE AUXILIARY GULF COAST  
UNIT, INC.



Principal Place of Business

DAY CHAPTER  
600 COLONIA LANE  
NOKOMIS FL 34275

Mailing Address

POST OFFICE BOX 1709  
VENICE FL 34284

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0954110

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCARTHY, JANE  
940 BARTLETT AVE.  
ENGLEWOOD FL 34223

Name

Lois Struthers-Payne  
Street Address (P.O. Box Number is Not Acceptable)

City

VENICE, FL 34285

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 *Lois Struthers-Payne*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-12-05*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 P ☐ Delete  
NAME MCARTHY, JANE  
STREET ADDRESS 940 BARTLETT AVE.  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE JVP ☐ Delete  
NAME HARRISON, MICHIO  
STREET ADDRESS 360 AVENIDA LA PALMA  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE D ☐ Delete  
NAME CAMARA, PATRICIA  
STREET ADDRESS 2970 STATE ROAD 776  
CITY-ST-ZIP VENICE FL 34293

TITLE D ☐ Delete  
NAME STRUTHERS, LOIS  
STREET ADDRESS 368 CENTER ROAD  
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Delete  
NAME *[Signature]*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER ☐ Change ☒ Addition  
NAME Teresa A. Morris  
STREET ADDRESS 301 Whippoorwill Dr.  
CITY-ST-ZIP Venice, Florida 34293

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

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

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/05 (94) 497-4779*

Date

Daytime Phone #