

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90143 013 ****61.25

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1. Entity Name

**MARINE CORPS LEAGUE AUXILIARY GULF COAST
UNIT, INC.**

Principal Place of Business

Mailing Address

**DAY CHAPTER
600 COLONIA LANE
NOKOMIS FL 34275**

**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

4. FEI Number

65-0954110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRUTHERS-PAYNE, LOIS
368 CENTER RD
VENICE FL 34285**

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 revisiting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

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

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

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MORRIS, TERESA A**
CITY-ST-ZIP **301 WHIPPOORWILL DR
VENICE FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Struthers Payne

Director

4/11/06 10:30 AM