

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90032 018 ****61.25

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01062007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0954110	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCARTHY, JANE 940 BARTLETT AVE. ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Camara, Patricia 2970 State Rd 776 VENICE, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMARA, PATRICIA 2970 STATE ROAD 776 VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nash Joann 812 Ciney St VENICE, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUTHERS, LOIS 368 CENTER ROAD VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRAVIS, GLENDA SECRETARY 2180 BROADBANCH DR PORT CHARLOTTE, FL 33948	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, TERESA A 301 WHIPPOORWILL DR VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Struthers, Lois 368 CENTER RD VENICE, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Patricia A. Camara</u> Patricia A. Camara <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 941-468-4262 <small>Daytime Phone #</small>	