

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002529

FILED
Feb 07, 2009
Secretary of State

Entity Name: MARINE CORPS LEAGUE AUXILIARY GULF COAST UNIT, INC.

Current Principal Place of Business:

DAY CHAPTER
600 COLONIA LANE
NOKOMIS, FL 34275

New Principal Place of Business:

DAY CHAPTER 101
600 COLONIA LANE
NOKOMIS, FL 34275

Current Mailing Address:

POST OFFICE BOX 1709
VENICE, FL 34284

New Mailing Address:

FEI Number: 65-0954110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMARA, PATRICIA
Address: 2970 STATE RD 776
City-St-Zip: VENICE, FL 34293

Title: SV () Delete
Name: ETHERINGTON, MARILYN
Address: 270 VERNON DR
City-St-Zip: VENICE, FL 34293

Title: S () Delete
Name: TRAVIS, GLENDA
Address: 2180 BROADRANCY DR
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T () Delete
Name: STRUTHERS, LOIS
Address: 368 CENTER RD
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOIS STRUTHERS

T

02/07/2009

Electronic Signature of Signing Officer or Director

Date