

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90084 034 \*\*\*\*61.25

**DOCUMENT # N03000007075**

1. Entity Name

MARINE CORPS LEAGUE AUXILIARY, CITRUS UNIT,  
INC.



Principal Place of Business

6724 E. GLENCOE ST  
INVERNESS FL 34452-7128

Mailing Address

6724 E. GLENCOE ST  
INVERNESS FL 34452-7128

**54002018**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

16-1679647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ROSLYN  
6724 E. GLENCOE ST  
INVERNESS FL 34452-7128

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**  
**Due By May 1, 2004**

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	<input type="checkbox"/> Delete
NAME	CECIL, JOAN	
STREET ADDRESS	5248 S. VENTI TERR	
CITY-ST-ZIP	INVERNESS FL 34465	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SPIZUCO, HELEN	
STREET ADDRESS	787 SUNSET STRIP DR	
CITY-ST-ZIP	BEVERLY HILLS FL 33538	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CANGEMI, BARBARA	
STREET ADDRESS	787 CTY RD 307	
CITY-ST-ZIP	LK PANASOFKEE FL 33538	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HANSON, DORTHY	
STREET ADDRESS	806 E. HILLSBOROUGH	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	SR. VICE PRES	<input type="checkbox"/> Delete
NAME	DORIS ALICERS	
STREET ADDRESS	705 EDEN DR.	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	SR. VICE PRES	<input type="checkbox"/> Delete
NAME	ELLEN SHERROD	
STREET ADDRESS	8360 S. COVE PT	
CITY-ST-ZIP	FLORAL CITY, FL 34436	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JUDGE ADVOCATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVA WALL	
STREET ADDRESS	7710 E. PINE LAKE LANE	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	CHAPLAIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEGGY PEARDON	
STREET ADDRESS	12395 S. CANNA PL	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSLYN SMITH	
STREET ADDRESS	6724 E. GLENCOE ST	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSLYN SMITH, SEC/TREAS 1/26/04 352-344-7131

Date

Daytime Phone #