

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90035 005 \*\*\*\*61.25

**DOCUMENT # N04000010034**

1. Entity Name  
**SUWANEE UNIT, MARINE CORPS LEAGUE AUXILIARY, INC. (SUWANEE)**



Principal Place of Business  
277 SE ORIOLE RD  
MAYO, FL 32066-6062

Mailing Address  
277 SE ORIOLE RD  
MAYO, FL 32066-6062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-NP

CR2E037 (10/03)

4. FEI Number

**34-2010003**

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

O'STEEN, CHARLOTTE L  
277 SE ORIOLE RD  
MAYO, FL 32066-6062

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 restate.)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME MORGAN, JANET  
STREET ADDRESS 12366 160TH TERR  
CITY-ST-ZIP MCALPIN, FL 32062

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

TITLE SVP ☐ Delete  
NAME HAGERICH, PAT  
STREET ADDRESS 12329 158TH TERR  
CITY-ST-ZIP MCALPIN, FL 32062

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

TITLE JVP ☐ Delete  
NAME CURTIS, JOAN  
STREET ADDRESS 421 SW QUAIL HEIGHTS TERR  
CITY-ST-ZIP LAKE CITY, FL 32025

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

TITLE JA ☐ Delete  
NAME CALABRESE, PAULA  
STREET ADDRESS 820 CHURCH AVE  
CITY-ST-ZIP LIVE OAK, FL 32064

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

TITLE ST ☐ Delete  
NAME O'STEEN, CHARLOTTE  
STREET ADDRESS 277 SE ORIOLE RD  
CITY-ST-ZIP MAYO, FL 32066-6062

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

TITLE C ☐ Delete  
NAME PARKER, NANCY  
STREET ADDRESS 356 NW HOLIDAY INN CT  
CITY-ST-ZIP LAKE CITY, FL 32055

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:** *Charlotte L. O'Steen*

**2-01-05**

**386/294-2634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #