

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90104 041 \*\*\*\*61.25

**DOCUMENT # N04000010034**



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

\*\*\*\* (correct spelling: SUWANNEE)

Principal Place of Business

277 SE ORIOLE RD  
MAYO, FL 32066-6062

Mailing Address

277 SE ORIOLE RD  
MAYO, FL 32066-6062

**DO NOT WRITE IN THIS SPACE**

01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 34-2010003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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.

**CHARLOTTE L. O'STEEN**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MORGAN, JANET
STREET ADDRESS	12366 160TH TERR
CITY-ST-ZIP	MCALPIN, FL 32062
TITLE	SVP
NAME	HAGERICH, PAT
STREET ADDRESS	12329 158TH TERR
CITY-ST-ZIP	MCALPIN, FL 32062
TITLE	JVP
NAME	CURTIS, JOAN
STREET ADDRESS	421 SW QUAIL HEIGHTS TERR
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	JA
NAME	CALABRESE, PAULA
STREET ADDRESS	820 CHURCH AVE
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	ST
NAME	O'STEEN, CHARLOTTE
STREET ADDRESS	277 SE ORIOLE RD
CITY-ST-ZIP	MAYO, FL 320666062
TITLE	C
NAME	<del>PARKER, NANCY</del> MYERS, MAUREEN
STREET ADDRESS	<del>356 NW HOLIDAY INN CT</del> 5137 256th STREET
CITY-ST-ZIP	<del>LAKE CITY, FL 32053</del> O'BRIEN, FL 32071

**DO NOT WRITE  
IN THIS SPACE**

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.

**CHARLOTTE L. O'STEEN**

**SIGNATURE:** *Charlotte L. O'Steen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(386) 294-2634**

Date

Daytime Phone #