

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011004

FILED
Jan 20, 2009
Secretary of State

Entity Name: MARINE CORPS LEAGUE AUXILIARY, INC.

Current Principal Place of Business:

14954 SW 35TH TERRACE RD
OCALA, FL 34473-241 US

New Principal Place of Business:

New Mailing Address:

PO BOX 1119
INVERNESS, FL 344511119

Current Mailing Address:

14954 SW 35TH TERRACE RD
OCALA, FL 34473 US

FEI Number: 26-3219233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZELTON, MARY A
14954 SW 35TH TERRACE RD
OCALA, FL 34473 US

Name and Address of New Registered Agent:

SMITH, ROSLYN
6724 E GLENCOE ST
INVERNESS, FL 344527128 US

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: ROSLYN SMITH

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALLEJA, NANCY
Address: 19321 CARRIBEAN COURT
City-St-Zip: TEQUESTA, FL 33469 US

Title: VP () Delete
Name: SMITH, ROSELYN
Address: 6724 E GLONCOE ST.
City-St-Zip: INVERNESS, FL 344527128 US

Title: TREA () Delete
Name: HAZELTON, MARY A TREAS
Address: 14594 SW 35TH TERR. RD.
City-St-Zip: Ocala, FL 34473 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, ROSLYN
Address: 6724 E GLENCOE ST
City-St-Zip: INVERNESS, FL 344511119 US

Title: VP (X) Change () Addition
Name: VOLTAGGIO, JANET
Address: 1049 FLORIAN WAY
City-St-Zip: SPRING HILL, FL 34609 US

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

Title: 2VP () Change (X) Addition
Name: RUSSELL, WANDA
Address: 1105 DYAL AVE
City-St-Zip: LAKE CITY, FL 320244568

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: ROSLYN SMITH

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date