

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011004

FILED
Feb 10, 2012
Secretary of State

Entity Name: MARINE CORPS LEAGUE AUXILIARY, INC.

Current Principal Place of Business:

6724 E. GLENCOE ST
INVERNESS, FL 344527128 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1119
INVERNESS, FL 344511119 US

New Mailing Address:

FEI Number: 59-3602917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ROSLYN
6724 E GLENCOE ST
INVERNESS, FL 344527128 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
Name: SKELDING, PATRICIA
Address: 10813 BURRITO DR.
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VP
Name: JOAN, CECIL
Address: 5248 S. VENTI TERRACE
City-St-Zip: INVERNESS, FL 34452 US

Title: SEC
Name: MC QUISTON, SUE
Address: 9173 ELDRIDGE RD
City-St-Zip: SPRING HILL, FL 34608 US

Title: 2VP
Name: SPONHEIM, JEAN
Address: 7278 ROYAL OAK DR
City-St-Zip: SPRING HILL, FL 34607

Title: TREA
Name: ROSLYN, SMITH
Address: 6724 E GLENCOE ST
City-St-Zip: INVERNESS, FL 344527128 US

Title: JA
Name: JOPPA, EVELYN
Address: 8617 KNOB HILL CT
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby 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 all other like empowered.

SIGNATURE: ROSLYN SMITH

Electronic Signature of Signing Officer or Director

TREA

02/10/2012

Date