

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005369

FILED
Apr 29, 2008
Secretary of State

Entity Name: CHARLOTTE COUNTY UNIT MARINE CORPS LEAGUE AUXILIARY, INC.

Current Principal Place of Business:

2180 BROADRANCH DR
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

2180 BROADRANCH DR
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

FEI Number: 65-0995065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAVIS, GLENDA
2180 BROADRANCH DR
PORT CHARLOTTE, FL 33948 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 () Delete
Name: DALY, FLORENCE
Address: 402 DONORA ST
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: VP () Delete
Name: TRAVIS, GLENDA
Address: 2180 BROADRANCH DR
City-St-Zip: PORT CHARLOTTE, FL 333948 US

Title: T () Delete
Name: HAZELTON, MARY
Address: 14954 SW 35TH TERRACE RD
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TRAVIS, GLENDA I
Address: 2180 BROADRANCH DR.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: VP (X) Change () Addition
Name: JACOBSON, JOAN
Address: 2026 LYNX RUN
City-St-Zip: NORTH PORT, FL 34286 US

Title: T (X) Change () Addition
Name: MASTOWSKI, PATRICA
Address: 21441 WEBBWOOD AVE.
City-St-Zip: PORT CHARLOTTE, FL 33954 US

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: GLENDA I. TRAVIS

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date