

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008195

FILED
Jul 14, 2009
Secretary of State

Entity Name: SUWANNEE UNIT MARINE CORPS LEAGUE AUXILIARY, INC.

Current Principal Place of Business:

167 SW MOSSY OAK WAY
LAKE CITY, FL 320242908

New Principal Place of Business:

Current Mailing Address:

167 SW MOSSY OAK WAY
LAKE CITY, FL 320242908

New Mailing Address:

FEI Number: 34-2010003 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLLIER, JUDY
192 NW LAKESIDE CT
LAKE CITY, FL 320555068 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: WHITCOMB, CARLA
Address: 167 SW MOSSY OAK WAY
City-St-Zip: LAKE CITY, FL 320242908

Title: SVP () Delete
Name: MORGAN, JANET
Address: 167 SW MOSSY OAK WAY
City-St-Zip: LAKE CITY, FL 320242908

Title: JVP () Delete
Name: CURTIS, JOAN
Address: 167 SW MOSSY OAK WAY
City-St-Zip: LAKE CITY, FL 320242908

Title: ST () Delete
Name: COLLIER, JUDY
Address: 192 NW LAKESIDE CT
City-St-Zip: LAKE CITY, FL 320555068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JUDY COLLIER

ST

07/14/2009

Electronic Signature of Signing Officer or Director

Date