

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008195

FILED  
Jan 30, 2012  
Secretary of State

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

**Current Principal Place of Business:**

192 NW LAKESIDE CT  
LAKE CITY, FL 320555068

**New Principal Place of Business:**

**Current Mailing Address:**

192 NW LAKESIDE CT  
LAKE CITY, FL 320555068

**New Mailing Address:**

**FEI Number:** 34-2010003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: WHITCOMB, CARLA  
Address: 167 SW MOSSY OAK WAY  
City-St-Zip: LAKE CITY, FL 320242908 US

Title: SVP  
Name: BALKCOM, MARSHA  
Address: 205 SW KOONVILLE AVENUE  
City-St-Zip: LAKE CITY, FL 320243592 US

Title: JVP  
Name: CURTIS, JOAN  
Address: 421 SW QUAIL HEIGHTS TERRACE  
City-St-Zip: LAKE CITY, FL 320251446

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

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: JUDY COLLIER

S/T

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date