


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005527			
1. Entity Name FLAGLER COUNTY DETACHMENT #876 MARINE CORPS LEAGUE, INC.			
Principal Place of Business PO BOX 353666 PALM COAST FL 32135		Mailing Address PO BOX 353666 PALM COAST FL 32135	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARBERRY, EDWARD J JR ONE WASSON PLACE PALM COAST FL 32164		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL



MOORE CR2E037 (11/03)

4. FEI Number 59-3655306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	VONDEROSTEN, LEONARD	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 350323		STREET ADDRESS	U00000042814	
CITY-ST-ZIP	PALM COAST FL 32135		CITY-ST-ZIP	02/10/04-80040-013 61.25	
TITLE NAME	HONOR, EDWIN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 RYAN LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP		
TITLE NAME	CARBERRY, EDWARD J	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1 WASSON PLACE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32164		CITY-ST-ZIP		
TITLE NAME	SPURLOCK, BARNEY O	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	23 CHERRY TREE COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32164		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD J. CARBERRY, Jr. *[Signature]* 2-6-04 (386)446-9357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #