


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90258 021 ****61.25

DOCUMENT # N00000005527
1. Entity Name
FLAGLER COUNTY DETACHMENT #876 MARINE CORPS LEAGUE, INC.



Principal Place of Business Mailing Address
PO BOX 353666 PO BOX 353666
PALM COAST FL 32135 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


1st MOORE CR2E037 (10/04)
4. FEI Number 59-3655306 Applied For Not Applicable

6. Name and Address of Current Registered Agent
**CARBERRY, EDWARD J JR
ONE WASSON PLACE
PALM COAST FL 32164**

7. Name and Address of New Registered Agent
Name **STAN GUNN**
Street Address (P.O. Box Number is Not Acceptable) **29 WALKER DR.**
City **PALM COAST FL** Zip Code **32164**

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 **STAN GUNN** DATE **3-2-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VONDEROSTEN, LEONARD	
STREET ADDRESS	P.O. BOX 350323	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	D	<input type="checkbox"/> Delete
NAME	HONOR, EDWIN	
STREET ADDRESS	2 RYAN LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARBERRY, EDWARD J	
STREET ADDRESS	1 WASSON PLACE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPURLOCK, BARNEY O	
STREET ADDRESS	23 CHERRY TREE COURT	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNN, STAN	
STREET ADDRESS	29 WALKER DR.	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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: *Stan Gunn* **STAN GUNN** DATE: **3-2-05** DAYTIME PHONE: **386-446-7739**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR