


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90117 031 ****61.25

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	4. FEI Number 59-3655306	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUNN, STAN 29 WALKER DR PALM COAST, FL 32164			Name EDWARD J. CARBERRY, JR Street Address (P.O. Box Number is Not Acceptable) ONE WASSON PLACE 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 EDWARD J. CARBERRY, JR <i>[Signature]</i> 3-2-06 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required for reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VONDEROSTEN, LEONARD		NAME	RAYMOND P. HOUSTON, JR	
STREET ADDRESS	P.O. BOX 350323		STREET ADDRESS	21 PILAR LANE	
CITY-ST-ZIP	PALM COAST, FL 32135		CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONOR, EDWIN		NAME		
STREET ADDRESS	2 RYAN LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNN, STAN		NAME	EDWARD J. CARBERRY, JR	
STREET ADDRESS	29 WALKER DR		STREET ADDRESS	ONE WASSON PL.	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPURLOCK, BARNEY O		NAME		
STREET ADDRESS	23 CHERRY TREE COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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 exemptions contained 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 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: <i>[Signature]</i> - EDWARD J. CARBERRY, JR			Date 3-2-06 Daytime Phone (386) 446-9380		