


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90040 025 \*\*\*\*61.25

<b>DOCUMENT # 768059</b>	
<b>1. Entity Name</b> <b>CITRUS SEA SERVICES CLUB 186, INCORPORATED</b>	

<b>Principal Place of Business</b> 3962 N. ROSCOE ROAD P.O. BOX 811 HERNANDO, FL 34442 US	<b>Mailing Address</b> 3962 N. ROSCOE ROAD P.O. BOX 811 HERNANDO, FL 34442 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01102006 Chg-NP CR2E037 (11/05)

<b>4. FEI Number</b> 59-2005700	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
DOROTHY MAYHEW 605 S MULBERRY PT INVERNESS, FL 34450	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

**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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY MAYHEW	NAME	
STREET ADDRESS	605 S MULBERRY PT	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 34450	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSCHER, ROBERT W	NAME	
STREET ADDRESS	310 VASSER STREET	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 34452	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELFKAISSE, JAMES L	NAME	
STREET ADDRESS	9797 SW 89TH LOOP	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34481	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, JAMES A	NAME	D COUGHREY, FRANCIS
STREET ADDRESS	P.O. BOX 301	STREET ADDRESS	508 LABOT ST
CITY-ST-ZIP	OCKLAWAHA, FL 321830301	CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, ROBERT E	NAME	
STREET ADDRESS	9297 D SW 90TH CT	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 344841	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:** *James L. DelFraisso* **JAMES L. DELFRAISSE, TREASURER** 1/27/2006 352-361-5551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #