

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 768059

1. Entity Name
CITRUS SEA SERVICES CLUB 186, INCORPORATED



Principal Place of Business
1039 NORTH PAUL DRIVE
INVERNESS, FL 34453 US

Mailing Address
P. O. BOX 811
HERNANDO, FL 34442 US



01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2005700

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOROTHY MAYHEW
605 S MULBERRY PT
INVERNESS, FL 34450

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | P |
| NAME | DOROTHY MAYHEW |
| STREET ADDRESS | 605 S MULBERRY PT |
| CITY-ST-ZIP | INVERNESS, FL 34450 |
| TITLE | S |
| NAME | HUSCHER, ROBERT W |
| STREET ADDRESS | 310 VASSER STREET |
| CITY-ST-ZIP | INVERNESS, FL 34452 |
| TITLE | TD |
| NAME | DELFRAISSE, JAMES L |
| STREET ADDRESS | 9797 SW 89TH LOOP |
| CITY-ST-ZIP | OCALA, FL 34481 |
| TITLE | D |
| NAME | COUGHREY, FRANCIS |
| STREET ADDRESS | 508 CABOT ST |
| CITY-ST-ZIP | INVERNESS, FL 34452 |
| TITLE | D |
| NAME | WOODS, ROBERT E |
| STREET ADDRESS | 9297 D SW 90TH CT |
| CITY-ST-ZIP | OCALA, FL 344841 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/24/08-80013-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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. DelFrais

JAMES L. DELFRAISSE

Date

Daytime Phone #

1/18/2008

352-351-5554