

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768059

FILED
Jan 29, 2009
Secretary of State

Entity Name: CITRUS SEA SERVICES CLUB 186, INCORPORATED

Current Principal Place of Business:

1039 NORTH PAUL DRIVE
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 811
HERNANDO, FL 34442 US

New Mailing Address:

9797 SW 89TH LOOP
OCALA, FL 34481 US

FEI Number: 59-2005700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOROTHY MAYHEW
605 S MULBERRY PT
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOROTHY MAYHEW
Address: 605 S MULBERRY PT
City-St-Zip: INVERNESS, FL 34450

Title: S () Delete
Name: HUSCHER, ROBERT W
Address: 310 VASSER STREET
City-St-Zip: INVERNESS, FL 34452

Title: TD () Delete
Name: DELFRAISSE, JAMES L
Address: 9797 SW 89TH LOOP
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: COUGHREY, FRANCIS
Address: 508 CABOT ST
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: WOODS, ROBERT E
Address: 9297 D SW 90TH CT
City-St-Zip: OCALA, FL 34484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L.DELFRAISSE, TREASURER

TD

01/29/2009

Electronic Signature of Signing Officer or Director

Date