


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90029 043 \*\*\*\*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 - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent

**CARBERRY, EDWARD J JR**  
**ONE WASSON PL**  
**PALM COAST FL 32164**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2007**

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 checked="" type="checkbox"/> Delete
NAME	HOUSTON, RAYMOND P SR	
STREET ADDRESS	21 PILAR LANE	
CITY - ST - ZIP	PALM COAST FL 32164	
TITLE	D	<input type="checkbox"/> Delete
NAME	HONOR, EDWIN	
STREET ADDRESS	2 RYAN LANE	
CITY - ST - ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARBERRY, EDWARD J JR	
STREET ADDRESS	ONE WASSON PL	
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	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEAND, JR, VERNON O.</b>	
STREET ADDRESS	<b>30 ELDER DR. PALM COAST, FL</b>	
CITY - ST - ZIP	<b>32164</b>	
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		<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 exemptions contained in Section 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: *Edward J. Carberry, Jr.* **EDWARD J. CARBERRY, JR** Date: **3-6-07** 386-446-9387