


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

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	



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3655306	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**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 D	WEAND, VERNON D JR. 30 ELDER DR. PALM COAST, FL 32164
TITLE D	HONOR, EDWIN 2 RYAN LANE PALM COAST, FL 32137
TITLE D	CARBERRY, EDWARD J JR ONE WASSON PL PALM COAST, FL 32164
TITLE D	SPURLOCK, BARNEY O 23 CHERRY TREE COURT PALM COAST, FL 32164
TITLE 	
TITLE 	

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02/11/08-80004-002 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **EDWARD J CARBERRY JR** 386-446-9387