## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 30, 2006 8:00 am

DOCUMENT # N93000003137  1. Entity Name CITRUS DETACHMENT #819 MARINE CORPS LEAGUE, INC.					Secretary of State 01-30-2006 90069 043 ****61.25					
Principal Place of Business STATE ROAD 200 HERNANDO, FL 34442		Mailing Address P O BOX 640383 BEVERLY HILLS, FL 34465			יצוח מום ולוצווונט ו	1 129 <b>2113 211</b> 11	16111 - BETRO BETRO 1	1111 M222 (27) Wil	kaji in ma	
	Pace of Business  W, VET LANE	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192006 C	hg-NP	CR2E0	37 (11/05)		
City & State BEVERLY HILLS, FL		City & State			4. FEI Number 59-318443	38		<b>⊢</b>	oplied For ot Applicable	
Zip 34465	Country CITRUS	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add Fee Require		
·	6. Name and Address of Current I	Registered Agent	Name		7. Name and Add	tress of New	Registered /	Agent		
DECK, ROBERT J 3398 ANNAPOLIS AVE. HERNANDO, FL 34442			Street Address (P.O. Box Number is Not Acceptable)							
			City				FL	Zip Cod	е	
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										
	Streeture hand or printed name of prointend areas a	ad title 2 annihing to 1								
	Signature, typed or printed name of registered agent a	- 1 2	···				DATE			
	Filing Fee is \$61.25 Due by May 1, 2006	9 Election Camp 1 Trust Fund Co	naign Financing Intribution.		\$5.00 May Be Added to Fees	Flo	Make checi orida Depar	tment of St	tate	
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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-etter like empowered.

SIGNATURE:	Oute 1	1 Deck	Rubert	J. Deck	1-27-06	352-521-1551
	SIGNATURE AND TYPED (	Ř PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		Dete	Daytime Phone #