

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$115 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 AM 11:34

DOCUMENT # 705807 (6)

1. Corporation Name

FLAGLER COLLEGE, INC.

Principal Place of Business

74 KING STREET
P.O. BOX 1027
ST AUGUSTINE FL 32085-8027

Mailing Address

74 KING STREET
P.O. BOX 1027
ST AUGUSTINE FL 32085-8027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1963

3a. Date of Last Report

01/19/1994

4. FEI Number

59-1157081

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILEY, JOHN D. JR.
780 N. PONCE DE LEON BLVD.
ST AUGUSTINE FL 32085-0007

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

LAKES, JACK B
187 S ROSCOE BLVD
PONTE VEDRA BCH, FL 00000

S
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ABARE, WILLIAM JR
311 ARPIEKA AVE
ST AUGUSTINE, FL 00000

C
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UPCHURCH, FRANK
545 CARCABA ROAD
ST. AUGUSTINE FL

D
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CONE, FRED M JR
207 INLET DR
ST AUGUSTINE FL

D
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MELTON, HOWELL W.
41 CARRERA STREET
ST. AUGUSTINE FL

D
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

GONZALEZ, HARRY
4440 PGA BLVD SUITE 308
PALM BCH GRDNS, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Russom, Kenneth S.
4002 Northria Foreside Blvd
St. Augustine, FL 32086

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

CIT

☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TR

☒ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TR

☒ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Bailey, John D.
47 Augusta Circle
St. Augustine, FL 32084

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/95

904-829-6481