FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **705807** **(6)**

1. Corporation Name

FLAGLER COLLEGE, INC.

Principal Place of Business	Mailing Address
74 KING STREET P.O. BOX 1027 ST AUGUSTINE FL 32085-8027	74 KING STREET P.O. BOX 1027 ST AUGUSTINE FL 32085-8027

3. Date Incorporated or Qualified: **06/25/1963**

3a. Date of Last Report: **06/19/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **59-1157081** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUSSOM, KENNETH S		1.2 NAME	
STREET ADDRESS	4002 MOULTRIE FORESIDE BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ABARE, WILLIAM JR		2.2 NAME	
STREET ADDRESS	311 ARPIEKA AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000		2.4 CITY-ST-ZIP	
TITLE	CT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	UPCHURCH, FRANK		3.2 NAME	
STREET ADDRESS	545 CARCABA ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CONE, FRED M JR		4.2 NAME	
STREET ADDRESS	207 INLET DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MELTON, HOWELL W.		5.2 NAME	
STREET ADDRESS	41 CARRERA STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, JOHN D.		6.2 NAME	
STREET ADDRESS	47 AVISTON CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: Kenneth S Russom — 2/15/96 — 904-829-6481 EXT 36
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #