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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

74 King Street
P.O. Box 1027
St. Augustine, FL 32085

3. Date Incorporated or Qualified
06/25/1963

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME Russon, Kenneth S.
STREET ADDRESS 4002 Moultrie Foreside Blvd.
CITY, ST, ZIP St. Augustine, FL

S ☐ DELETE

NAME Share, William Jr.
STREET ADDRESS 311 Arnieka Ave
CITY, ST, ZIP St. Augustine, FL

CT ☐ DELETE

NAME Upchurch, Frank
STREET ADDRESS 545 Carcaba Road
CITY, ST, ZIP St. Augustine, FL

T ☐ DELETE

NAME Cone, Fred M. Jr.
STREET ADDRESS 207 Inlet Drive
CITY, ST, ZIP St. Augustine, FL

T ☐ DELETE

NAME Melton, Howell W.
STREET ADDRESS 41 Carrera Street
CITY, ST, ZIP St. Augustine, FL

T ☐ DELETE

NAME Bailey, John D.
STREET ADDRESS 47 Aviston Circle
CITY, ST, ZIP St. Augustine, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

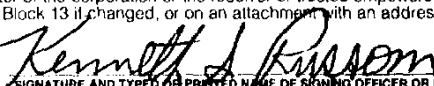
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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

2/24/97
Date

904-821-6481 EXT 230
Daytime Phone

CR2E037 (9/96)