FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Mar 22, 1999 8:00 am CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State **Secretary of State** 1999 DIVISION OF CORPORATIONS 03-22-1999 90022 041 ****70.00 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 32084 St. Augustine, Fl 32085 2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualifed 6-25-1963 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 9-1157081 Not Applicable 22 27 City & State ... City.&.State \$8:75-Additional-5. Certifcate of Status Desired 23 28 Fee Required Zip Country Country 6. Election Campaign Financing **\$5.00** May Be 24 25 30 Trust Fund Contribution 29 Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Bailey, John D. Jr. Street Address (P.O. Box Number is Not Acceptable) 82 780 N. Ponce De Leon Blvd. St. Augustine, Fl 32085-0007 83 84 City 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) CR2E037_(1.1/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Russom, Kenneth S. NAME 1.2 NAME 4002 Moultrie Foreside Blvd. St. Augustine, FI 32086 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE Change 2.1 TITLE TITLE Abare, William Jr. 22 NAME NAME 311 Arpieka Ave. STREET ADDRESS 2.3 STREET ADDRESS St. Augustine, FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ___ Change ___ Addition 3.1.TITLE -TITLE 3708 WATERWAY CT Upchurch, Frank NAME 3.2 NAME 545 Carcaba Road 3.3 STREET ADDRESS STREET ADDRESS St. Augustine, FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition Cone, Fred M. Jr. NAME 4. 2 NAME 207 Inlet Drive 4.3 STREET ADDRESS STREET ADORESS St. Amgustine, FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE □ DELETE 5.1 TITLE Change Addition 5.2 NAME Melton, Howell W. NAME 5.3 STREET ADDRESS STREET ADDRESS 41 Carrera Street 5.4 CITY-ST-ZIP CITY-ST-ZIP St. Augustine, FL ☐ Change DELETE 6.1 TITLE ☐ Addition TITLE 6.2 NAME NAME Bailey, John D. 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

47 Aviston Circle