2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# 705807

Entity Name: FLAGLER COLLEGE, INC.

Current Principal Place of Business:

74 KING STREET
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1027
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-1157081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSOM, KENNETH S
4002 MOULTRIE FORESIDE BLVD.
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	RUSSOM, KENNETH S	
Address:	4002 MOULTRIE FORESIDE BLVD.	
City-St-Zip:	ST. AUGUSTINE, FL	
Title:	S	( ) Delete
Name:	ABARE, WILLIAM JR,	
Address:	311 ARPIEKA AVE	
City-St-Zip:	ST AUGUSTINE, FL	
Title:	CT	( ) Delete
Name:	UPCHURCH, FRANK	
Address:	3708 WATERWAY CT	
City-St-Zip:	ST. AUGUSTINE, FL	
Title:	T	( ) Delete
Name:	CONE, FRED M JR,	
Address:	207 INLET DR	
City-St-Zip:	ST AUGUSTINE, FL	
Title:	T	( ) Delete
Name:	MELTON, HOWELL W.	
Address:	41 CARRERA STREET	
City-St-Zip:	ST. AUGUSTINE, FL	
Title:	T	( ) Delete
Name:	BAILEY, JOHN D.	
Address:	47 AVISTA CIRCLE	
City-St-Zip:	ST. AUGUSTINE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH S RUSSOM T 01/12/2005

Electronic Signature of Signing Officer or Director — Date