

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705807

FILED
Jan 14, 2009
Secretary of State

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 (X)

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 MR
Address: 4002 MOULTRIE FORESIDE BLVD.
City-St-Zip: ST. AUGUSTINE, FL

Title: S () Delete
Name: DILLON, MARY JANE MS
Address: 3434 HARBOR DRIVE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: CT () Delete
Name: RINGHAVER, RANDAL L MR
Address: 5855 STATE ROAD 13 NORTH
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T () Delete
Name: UPCHURCH, FRANK MR
Address: 3708 WATERWAY CT
City-St-Zip: ST AUGUSTINE, FL

Title: T () Delete
Name: MELTON, HOWELL W. MR
Address: 41 CARRERA STREET
City-St-Zip: ST. AUGUSTINE, FL

Title: T () Delete
Name: BAILEY, JOHN D. MR
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: T (X) Change () Addition
Name: UPCHURCH, FRANK MR
Address: 304 LOUDOUN DRIVE
City-St-Zip: ST AUGUSTINE, FL

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 exemption stated in Chapter 119, 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

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date