2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State
05-09-2006 90088 050 ****61.25

DOCUMENT # 744858

1. Entity Name
FLAGLER PLAYHOUSE, INC

Principal Place of Business	Mailing Address
P.O. BOX 35-2032 PALM COAST, FL 32135-2032	P.O. BOX 35-2032 PALM COAST, FL 32135-2032

04022006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1883034 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH SUITE B PALM COAST, FL 32137	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BORDONE, JOHN S 2 ROLLING PL PALM COAST, FL 32164	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SWEENY, GERALD 83 CENTURY LN PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RAY, MICHAEL 47 BRISTOL LN PALM COAST, FL 32137 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NURSE, SANDRA 175 BIRD OF PARADISE DR PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BIGELOW, JACK 54 FELWOOD LN PALM COAST, FL 32137 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KAMPF, WILLIAM G 52 PEBBLE BEACH DR PALM COAST, FL 32164	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MC WEED, KATHRYN 48 WESTFIELD LN PALM COAST, FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MC SWEENY, GERALD 83 CENTURY LN PALM COAST, FL 32137 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SA BRAXTON, OLIVIA 163 BIRD OF PARADISE DR PALM COAST, FL 32137	☒ Delete Jack W	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SA WILBERN, JACK 3 WINDSOR PL PALM COAST, FL 32164 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William G Kampf WILLIAM G KAMPF - Treasurer — CELL 386-846-3921 — 386-446 3920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #