

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90010 017 ****61.25

DOCUMENT # **749 206**

1. Entity Name
FLAGLER COUNTY, V.F.W. POST # 5213
BUNHELL, FL 32110-2075



DO NOT WRITE IN THIS SPACE

40021084

2. Principal Place of Business		3. Mailing Address		4. FEI Number 39-6162521		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

CR2E037B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROBERT HOWARD WRIGHT M.D.

Street Address (P.O. Box Number is Not Acceptable)
14 ZODIAC PLACE

City
PALM COAST, FL 32164-5873 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended AR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEIDRE JEAN WRIGHT-COMMANDER PO BOX 350597 PALM COAST, FL 32135-0597	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES SHEEHAN - PDSUTRAIT PO BOX 1642 FLAGLER BEACH, FL 32136-1642	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT HOWARD WRIGHT M.D. QUARTER MASTER 14 ZODIAC PLACE PALM COAST, FL 32164-5873	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE **Robert Howard Wright M.D.** **2/28/06**

(386)
437-3622