

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770902

FILED
Jan 18, 2010
Secretary of State

Entity Name: FLAGLER COUNTY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

204 EAST MOODY BLVD
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 87
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 59-2279762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEEN, CLAUDE S JR.
1347 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136 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: VP
Name: REEGER, JAN
Address: P.O. BOX 609
City-St-Zip: BUNNELL, FL 32110

Title: D
Name: CREAL, ROB
Address: 301 N. 5TH STREET
City-St-Zip: FLAGLER BEACH, FL 32136

Title: S
Name: DEEN, GLORIA M
Address: 1347 N OCEANSHORE BLVD
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T
Name: DEEN, CLAUDE S JR.
Address: 1347 N. OCEANSHORE BLVD.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D
Name: MATHEN, THEA
Address: P.O. BOX 190
City-St-Zip: BUNNELL, FL 32110

Title: P
Name: CLARK, MARY ANN
Address: 1923 S. FLAGLER STREET
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby 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 all other like empowered.

SIGNATURE: CLAUDE S DEEN, JR

TRES

01/18/2010

Electronic Signature of Signing Officer or Director

Date