


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90304 034 \*\*\*\*61.25

**DOCUMENT # N02000002713**

1. Entity Name  
**FLAGLER BEACH ENVIRONMENTAL PRESERVATION COUNCIL INC.**



Principal Place of Business  
**1423 N CENTRAL AVE  
 FLAGLER BEACH, FL 32136**

Mailing Address  
**PO BOX 1620  
 FLAGLER BEACH, FL 32136**



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

03182006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, BRENDA H ESQ  
 59 N CENTRAL AVENUE  
 UMATILLA, FL 32784**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>FERVER, ALLAN</b>	
STREET ADDRESS	<b>523 NORTH 10TH STREET</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH, FL 32136</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>MISH, ROBERT</b>	
STREET ADDRESS	<b>312 NORTH 6TH STREET</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH, FL 32136</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>DUGGINS, GAIL</b>	
STREET ADDRESS	<b>5500 J. ANDERSON HWY</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH, FL 32136</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>RICARDI, RICHARD</b>	
STREET ADDRESS	<b>1423 N. CENTRAL AVE</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH, FL 32136</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Duggins, Michael</b>	
STREET ADDRESS	<b>5500 J. Anderson Hwy.</b>	
CITY-ST-ZIP	<b>Flagler Beach, Fl. 32136</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Robert C. Mish* *Robert C. Mish* **4-6-06** **386-439-7419**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #