


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

04-14-2003 90366 043 ****61.25

DOCUMENT # N02000002713

1. Entity Name
FLAGLER BEACH ENVIRONMENTAL PRESERVATION COUNCIL INC.



Principal Place of Business Mailing Address
533 NORTH 10TH STREET 533 NORTH 10TH STREET
FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32138

55038911



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
523 North 10th Street *P.O. Box 1620*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Flagler Beach, Fl. *Flagler Beach, Fl.* Not Applicable
Zip Country Zip Country
32136 *U.S.A.* *32136* *U.S.A.*

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

6. Name and Address of Current Registered Agent
SMITH, BRENDA H ESO
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	LYNCH, DENNIS IBAR	
STREET ADDRESS	533 NORTH 10TH STREET	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	V	<input type="checkbox"/> Delete
NAME	MISH, ROBERT	
STREET ADDRESS	312 NORTH 6TH STREET	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN FEWER	
STREET ADDRESS	523 North 10th Street	
CITY-ST-ZIP	Flagler Beach, Fl. 32136	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary Bates	
STREET ADDRESS	2615 50th DAYTONA AVE.	
CITY-ST-ZIP	Flagler Beach, Fl. 32136	
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		<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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert MISH* 4/1/03 306-439-7419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)