


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90097 002 \*\*\*\*61.25

<b>DOCUMENT # N93000001693</b> 1. Entity Name <b>ARC FLAGLER COUNTY, INC.</b>					
Principal Place of Business <b>11 WEDGEWOOD LANE PALM COAST, FL 32164</b>			Mailing Address <b>P O BOX 354412 PALM COAST, FL 32135-4412 US</b>		
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 <b>59-3160787</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WENSTROM, THEODORA 11 WEDGEWOOD LANE PALM COAST, FL 32164</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WENSTROM, THEODORA</b>		NAME		
STREET ADDRESS	<b>11 WEDGEWOOD LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM COAST, FL 32164</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CHARER, ROBERT</b>		NAME	<b>T D MARCUS, PATRICIA A.</b>	
STREET ADDRESS	<b>7 BRIARVUE LANE</b>		STREET ADDRESS	<b>50 FOREST GROVE DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>		CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CONRAD, GLORIA</b>		NAME	<b>PANDOLAS, MARYANNE</b>	
STREET ADDRESS	<b>22 PANORAMA DRIVE</b>		STREET ADDRESS	<b>9 FORDNEY PLACE</b>	
CITY-ST-ZIP	<b>PALM COAST, FL 32164</b>		CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BEIRNE, BERTHA</b>		NAME	<b>KEMPER, BARBARA</b>	
STREET ADDRESS	<b>72 BROOKSIDE LANE</b>		STREET ADDRESS	<b>110 WHEATFIELD DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>		CITY-ST-ZIP	<b>PALM COAST, FL 32164</b>	
TITLE	CSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LIPPERT, MARIA</b>		NAME		
STREET ADDRESS	<b>129 BEACHWAY DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FABRINI, CAROL</b>		NAME		
STREET ADDRESS	<b>12 COMET CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>		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 name empowered.					
SIGNATURE: <i>Patricia A. Marcus, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>7-19-05</b> Daytime Phone #: <b>386-445-5213</b>		