2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# N93000001693

Entity Name: ARC FLAGLER COUNTY, INC.

Current Principal Place of Business:

33A CLEMENTON LANE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P O BOX 354412
PALM COAST, FL 321354412 US

New Mailing Address:

FEI Number: 59-3160787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WENSTROM, THEODORA
33A CLEMENTON LANE
PALM COAST, FL 32137 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:	PD	( ) Delete
Name:	WENSTROM, THEODORA	
Address:	33 A CLEMENTON LANE	
City-St-Zip:	PALM COAST, FL 32137	
Title:	TD	( ) Delete
Name:	MORRIS, FRED A	
Address:	105 MOSES CREEK BLVD.	
City-St-Zip:	ST.AUGUSTINE, FL 32086	
Title:	VPD	( ) Delete
Name:	GOELZ, PATRICIA	
Address:	310 PALM COAST PKWY BLDG 5 APT 202	
City-St-Zip:	PALM COAST, FL 32137	
Title:	SD	( ) Delete
Name:	PANDOLAS, MARYANNE	
Address:	9 FORDNEY PLACE	
City-St-Zip:	PALM COAST, FL 32137	
Title:	CSD	( ) Delete
Name:	LIPPERT, MARIA	
Address:	129 BEACHWAY DRIVE	
City-St-Zip:	PALM COAST, FL 32137	
Title:	D	( ) Delete
Name:	FABRINI, CAROL	
Address:	12 COMET CT	
City-St-Zip:	PALM COAST, FL 32137	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRED A MORRIS TD 01/17/2008

Electronic Signature of Signing Officer or Director — Date