

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001693 (1)

1. Corporation Name

ARC FLAGLER COUNTY, INC.



Principal Place of Business

Mailing Address

41 BRISTOL LANE
PALM COAST FL 32137-2509
USP O BOX 354412
PALM COAST FL 32135-4412
US3. Date Incorporated or Qualified
04/15/19933a. Date of Last Report
05/28/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3160787Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEGENNARO, CARLO
41 BRISTOL LANE
PALM COAST FL 32137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DEGENNARO, CARLO
STREET ADDRESS 41 BRISTOL LANE
CITY-ST-ZIP PALM COAST FL
☐ DELETE1.1 TITLE D.
1.2 NAME MAUREEN CONNOLLY
1.3 STREET ADDRESS 6 FLARSTONE COURT
1.4 CITY-ST-ZIP PALM COAST FL 32137
☐ Change ☒ AdditionTITLE VD
NAME MCDONALD, ELIZABETH A
STREET ADDRESS 24 PANORAMA DRIVE
CITY-ST-ZIP PALM COAST FL
☐ DELETE2.1 TITLE D.
2.2 NAME JACQUELINE BERRIOS
2.3 STREET ADDRESS 60 BEACHWAY DRIVE
2.4 CITY-ST-ZIP PALM COAST FL 32137
☐ Change ☒ AdditionTITLE SD
NAME LIBBY, IRENE
STREET ADDRESS 11 CHERRY COURT
CITY-ST-ZIP PALM COAST FL
☐ DELETE3.1 TITLE D
3.2 NAME CAROL PABBRINI
3.3 STREET ADDRESS 11 CHIPPEWAY COURT
3.4 CITY-ST-ZIP PALM COAST FL 32137
☐ Change ☒ AdditionTITLE TD
NAME KULPA, CORAL
STREET ADDRESS 111 BEECHWOOD LANE
CITY-ST-ZIP PALM COAST FL
☐ DELETE4.1 TITLE D
4.2 NAME STELLA FINAN
4.3 STREET ADDRESS 3510 S. OCEANSHORE BLVD.
4.4 CITY-ST-ZIP FLAGLER BEACH FL 32136
☐ Change ☒ AdditionTITLE D
NAME ALLEN, JAMES
STREET ADDRESS 39 FARRINGTON LANE
CITY-ST-ZIP PALM COAST FL
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE D
NAME BEIRNE, BERTHA
STREET ADDRESS 11 COCHISE COURT
CITY-ST-ZIP PALM COAST FL
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CARLO DE GENNARO 2.6.97 (904) 446-0308

CR2E037 (9/96)