

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770902

**Entity Name:** FLAGLER COUNTY HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

204 EAST MOODY BLVD  
BUNNELL, FL 32110

**Current Mailing Address:**

P.O. BOX 87  
BUNNELL, FL 32110

**FEI Number: 59-2279762**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DEEN, CLAUDE SJR.  
1347 N. OCEANSHORE BLVD.  
FLAGLER BEACH, FL 32136 US

*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

**Officer/Director Detail :**

Title VP  
Name REEGER, JAN  
Address P.O. BOX 609  
City-State-Zip: BUNNELL FL 32110

Title D  
Name CREAL, ROB  
Address 301 N. 5TH STREET  
City-State-Zip: FLAGLER BEACH FL 32136

Title S  
Name DEEN, GLORIA M  
Address 1347 N OCEANSHORE BLVD  
City-State-Zip: FLAGLER BEACH FL 32136

Title T  
Name DEEN, CLAUDE SJR.  
Address 1347 N. OCEANSHORE BLVD.  
City-State-Zip: FLAGLER BEACH FL 32136

Title D  
Name MATHEN, THEA  
Address P.O. BOX 190  
City-State-Zip: BUNNELL FL 32110

Title P  
Name CLARK, MARY ANN  
Address 1923 S. FLAGLER STREET  
City-State-Zip: FLAGLER BEACH FL 32136

*I hereby 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 all other like empowered.*

**SIGNATURE: CLAUDE S DEEN**

**REGISTERED AGENT**

**01/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date