

2014 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, JR**REGISTERED AGENT****01/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date