

2017 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:**JAROSZ, LINDA G
11 17TH ROAD
PALM COAST, FL 32137 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:** LINDA JAROSZ

01/06/2017

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

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

Title S, SECRETARY
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

Title TREASURER
Name JAROSZ, LINDA G
Address 11 17TH ROAD
City-State-Zip: PALM COAST FL 32137

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: LINDA JAROSZ

TREASURER

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date