

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007252

Entity Name: FLAGLER COUNTY FREE CLINIC, INC.

Current Principal Place of Business:

703 EAST MOODY BLVD
BUNNELL, FL 32110

Current Mailing Address:

PO BOX 863
BUNNELL, FL 32110

FEI Number: 20-5036975

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HENGEVELD, PEGGY
70 RAINTREE CIRCLE
PALM COAST, FL 32164 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: PEGGY HENGEVELD

02/04/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name MILIDANTRI, MICHAELYN
Address 13 SENTRY OAK PLACE
City-State-Zip: PALM COAST FL 32137-8057

Title SECRETARY
Name COLLIER, LISA
Address PO BOX 863
City-State-Zip: BUNNELL FL 32110

Title PRESIDENT
Name HENGEVELD, PEGGY
Address 80 RAINTREE CIRCLE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name ALFONSO, DON DR.
Address 39 COTTONWOOD COURT
City-State-Zip: PALM COAST FL 32137-4311

Title DIRECTOR
Name BELL, CHET
Address 1220 WILLIS AVENUE
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name WAINGANKAR, SHRINIVAS DR.
Address 35 CYPRESS WOOD DRIVE S.
City-State-Zip: PALM COAST FL 32137

Title DIRE
Name KILMAN, MARK DR.
Address FLORIDA HOSPITAL FLAGLER
60 MEMORIAL MEDICAL PKWY
City-State-Zip: PALM COIAST FL 32164

Title DIRECTOR-VICE PRESIDENT
Name ATAK, SHARON
Address 1356 LAMBERT AVENUE
City-State-Zip: FLAGLER BEACH, FL 32136 FL
32136

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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: PEGGY HENGEVELD

PRESIDENT

02/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, DEBORAH
Address 4 WATERFORTH PLACE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name CARMONY, LOWELL
Address 98 FREEMONT TURN
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name MANSKE, MARJORY
Address 98 FREEMONT TURN
City-State-Zip: PALM COAST FL 32137