

2017 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: No

Name and Address of Current Registered Agent:

INCORVAIA, JOHN ESQ.
1514 S OCEAN SHORE 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: JOHN INCORVAIA

02/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name MILIDANTRI, MICHAELYN
Address PO BOX 863
City-State-Zip: BUNNELL FL 32110

Title PRESIDENT
Name BICKEL, STEPHEN
Address 703 EAST MOODY BLVD
 P. O. BOX 863
City-State-Zip: BUNNELL FL 32110

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

Title VP
Name ATAACK, SHARON
Address PO BOX 863
City-State-Zip: BUNNELL FL 32110

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: STEPHEN BICKEL

PRES

02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date