

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90311 027 ****61.25

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DOCUMENT # 704719 1. Entity Name FLAGLER COUNTY CHAMBER OF COMMERCE, INC.					
Principal Place of Business 20 AIRPORT ROAD BUNNELL, FL 32110			Mailing Address 20 AIRPORT ROAD BUNNELL, FL 32110		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1168213	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORRIS, RICHARD E 1 COLE CT PALM COAST, FL 32137			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARO, SAUL		NAME		
STREET ADDRESS	19 OLD KINGS RD N, STE C107		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEIN-MATHEN, THEA		NAME	T	
STREET ADDRESS	2903-A E MOODY BLVD		STREET ADDRESS	Catoggio, Anthony	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP	28 Crossbow Ct.	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, KEVIN		NAME	D	
STREET ADDRESS	50 CYPRESS POINT PKWY., #B-2		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHEELER, GARY		NAME	V	
STREET ADDRESS	3 CYPRESS BRANCH WAY, #103		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TURNER, HOWARD		NAME	P	
STREET ADDRESS	3000 PALM COAST PKWY. SE		STREET ADDRESS	Leonardo-Flynn, Laura	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	19 Old Kings Road N. #C105	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	S	
STREET ADDRESS			STREET ADDRESS	Szymanski, Ronald J. Sr.	
CITY-ST-ZIP			CITY-ST-ZIP	231 St. Joe Plaza Dr.	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Anthony Catoggio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Anthony Catoggio 4/29/04 437-0106 <small>Date Daytime Phone #</small>		