


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90189 047 ****61.25

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	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, RICHARD E 1 COLE CT PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D CARO, SAUL 19 OLD KINGS RD N, STE C107 PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CATOGGIO, ANTHONY 28 CROSSBOW CT. PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, KEVIN 50 CYPRESS POINT PKWY., #B-2 PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHEELER, GARY 3 CYPRESS BRANCH WAY, #103 PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONARDO-FLYNN, LAURA 19 OLD KINGS ROAD N., #C105 PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SZYMANSKI, RONALD J SR. 231 ST. JOE PLAZA DR. PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARO, SAUL 19 OLD KINGS RD N, STE C107 PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHEELER, GARY 3 CYPRESS BRANCH WAY, #103 PALM COAST, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARDO-FLYNN, LAURA 19 OLD KINGS ROAD N., #C105 PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZYMANSKI, RONALD J SR. 231 ST. JOE PLAZA DR. PALM COAST, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Thomas S. Howard</i> Thomas Howard 4/26/05 437-0106 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 14004584
704719

V
Tom Lawrence
55 Front St.
Palm Coast, FL 32137

S
Charles Helm
P.O. Box 328
Flagler Beach, FL 32136

T
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Palm Coast, FL 32164

V
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Palm Coast, FL 32135

V
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411 S. Central Ave.
Flagler Beach, FL 32136

V
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D
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D
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D
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D
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D
Patrick Kelly
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Palm Coast, FL 32164

ATTACHMENT

14004504

704719

D
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D
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D
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