

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT-  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 729349**

**(1)**

1. Corporation Name

**FLAGLER COUNTY COUNCIL ON AGING AND COMMUNITY SERVICES, INC.**



Principal Place of Business

Mailing Address

**1000 BELLE TERRE BLVD  
PALM COAST FL 32164  
US**

**1000 BELLE TERRE BLVD  
PALM COAST FL 32164  
US**

3. Date Incorporated or Qualified  
**04/12/1974**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

**59-1547401**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIKLO, JANE  
48 FARRAGUT DR  
PALM COAST FL 32137**

81 Name  
**Steven E. Jones**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1000 Belle Terre Boulevard**

84 City  
**Palm Coast**

**FL**

85 Zip Code  
**32164**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Steven E. Jones, Executive Director**

**4/30/96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MIKLO, JANE	
STREET ADDRESS	48 FARRAGUT DR.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	RUMMEL, REV. RAY	
STREET ADDRESS	2143 SO. CENTRAL AVE.	
CITY-ST-ZIP	FLAGLER BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BUSHNELL, MARGIE	
STREET ADDRESS	20 HERNANDEZ AVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVID I. SIEGEL	
STREET ADDRESS	55 FARRAGUT DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	De Gennaro, Carlo	
1.3 STREET ADDRESS	41 Bristol Lane	
1.4 CITY-ST-ZIP	Palm Coast, FL 32137	
2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Clark, Mary Ann	
2.3 STREET ADDRESS	1923 S. Flagler Avenue	
2.4 CITY-ST-ZIP	Flagler Beach, FL 32136	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Young, Shari	
4.3 STREET ADDRESS	27 Cloverdale Court, S.	
4.4 CITY-ST-ZIP	Palm Coast, FL 32137	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Carlo N. De Gennaro, Chairman**

**4/30/96**

**904-437-7300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)