


FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729349** (1)

1. Corporation Name

**FLAGLER COUNTY COUNCIL ON AGING AND COMMUNITY SE
RVICES, INC.**

Principal Place of Business

Mailing Address

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

**1000 BELLE TERRE BLVD
PALM COAST FL 32164-5238
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1974		3a. Date of Last Report 06/06/1996	
21		26		4. FEI Number 59-1547401		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, STEVEN E
1000 BELLE TERRE BLVD
PALM COAST FL 32164**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 in 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* **Steven E. Jones, Executive Director** **3/24/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GENNARO, CARLO	1.2 NAME	RUMMEL, RAY
STREET ADDRESS	41 BRISTOL LANE	1.3 STREET ADDRESS	2143 S. CENTRAL AVENUE
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	VCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, MARY ANN	2.2 NAME	McGEE, W. FARRIS
STREET ADDRESS	1923 S FLAGLER AVE.	2.3 STREET ADDRESS	216 PALM CIRCLE
CITY-ST-ZIP	FLAGLER BCH FL 32138	2.4 CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSHNELL, MARGIE	3.2 NAME	McCARTHY, KATHERINE
STREET ADDRESS	20 HERNANDEZ AVE	3.3 STREET ADDRESS	26 Farragut Drive
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, SHARI	4.2 NAME	
STREET ADDRESS	27 CLOVERDALE CT. S	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Raymond A. Rummel* **Raymond A. Rummel** **3/25/97** **904-437-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003840

CR2E037 (9/96)