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May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-1547401**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 617.1506, 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

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 ☐ DELETE  
NAME **CD RUMMEL, RAY**  
STREET ADDRESS **2143 S CENTRAL AVE**  
CITY-ST-ZIP **FLAGLER BEACH FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **David I. Siegel**  
1.3 STREET ADDRESS **55 Farragut Drive**  
1.4 CITY-ST-ZIP **Palm Coast FL**

TITLE ☐ DELETE  
NAME **VCD MCGEE, W F**  
STREET ADDRESS **216 PALM CIRCLE**  
CITY-ST-ZIP **FLAGLER BEACH FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TD MCARTHY, KATHERINE**  
STREET ADDRESS **28 FARRAGUT DRIVE**  
CITY-ST-ZIP **PALM COAST FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **Henry Wolf**  
3.3 STREET ADDRESS **12 Blackburn Place**  
3.4 CITY-ST-ZIP **Palm Coast FL**

TITLE ☐ DELETE  
NAME **SD YOUNG, SHARI**  
STREET ADDRESS **27 CLOVERDALE CT. S**  
CITY-ST-ZIP **PALM COAST FL 32137**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **Jane Miklo**  
4.3 STREET ADDRESS **40-103 Clubhouse Drive**  
4.4 CITY-ST-ZIP **Palm Coast FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

*David I. Siegel*

**David I. Siegel, Chairman of the Board**

**904-437-7300**

CR2E037 (10/97)