

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90047 047 \*\*\*\*61.25

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**DOCUMENT # 729349**

1. Corporation Name

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

Principal Place of Business

1000 BELLE TERRE BLVD  
PALM COAST FL 32164  
US

Mailing Address

1000 BELLE TERRE BLVD  
PALM COAST FL 32164  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/12/1974

4. FEI Number

59-1547401

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, 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

TITLE CD  
NAME SIEGEL, DAVID I  
STREET ADDRESS 55 FARRAGUT DR  
CITY-ST-ZIP PALM COAST FL

☐ DELETE

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

☐ DELETE

TITLE TD  
NAME WOLF, H  
STREET ADDRESS 12 BLACKBURN PL  
CITY-ST-ZIP PALM COAST FL

☐ DELETE

TITLE SD  
NAME MIKLO, J  
STREET ADDRESS 40-103 CLUBHOUSE DR  
CITY-ST-ZIP PALM COAST FL 32137

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

*David Siegel*

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

Janice Ruhling  
3 Club House Drive  
Palm Coast FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: X

**SIGNATURE REQUIRED**

4/8/99

904-437-7300

Date

Daytime Phone #

CR2E037 (11/98)