

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 729349**

1. Entity Name

FLAGLER COUNTY COUNCIL ON AGING AND COMMUNITY SERVICES, INC.**FILED****Mar 05, 2002 8:00 am**
Secretary of State

03-05-2002 90086 004 ****61.25

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 352080

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palm Coast, FL

4. FEI Number

59-1547401

Applied For

Not Applicable

Zip

Country

Zip
32135-2080Country
FLAGLER5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
KELLY, JOHN V
2097 N CENTRAL AVENUE
FLAGLER BEACH FL 32136** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
William Grady
300 N. Third Street
Flagler Beach, FL 32136** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
JONES, ALLAN R
29 FLAGLER PLACE
PALM COAST FL 32137** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
Mary Stetler
200 N. Central Avenue
Flagler Beach, FL 32136** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GRAVES, HOWARD
33 FLAGLER PLACE
PALM COAST FL 32137** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WETJEN, DONNA
300 PALM COAST PKWY, NE
PALM COAST FL 32137** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Jane Miklo
40-103 Clubhouse Drive
Palm Coast, FL 32137** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *William Grady* **William Grady, Chairman of the Board 386.437-7300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)