

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729349

FILED
Apr 30, 2004
Secretary of State

Entity Name: FLAGLER COUNTY COUNCIL ON AGING AND COMMUNITY SERVICES, INC.

Current Principal Place of Business:

1000 BELLE TERRE BLVD
PALM COAST, FL 32164 US

New Principal Place of Business:

170 MALAGA ST.
SUITE A
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

PO BOX 352080
PALM COAST, FL 321352080 US

New Mailing Address:

170 MALAGA ST.
SUITE A
ST. AUGUSTINE, FL 32084 US

FEI Number: 59-1547401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CUFF, ROBERT G
170 MALAGA ST.
SUITE A
ST. AUGUSTINE, FL 32084 US

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: ROBERT G. CUFF

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD (X) Delete
Name: STETLER, MARY
Address: 200 N CENTRAL AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: SD () Delete
Name: MIKLO, JANE
Address: 40-103 CLUBHOUSE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: VCD () Delete
Name: CUFF, ROBERT J
Address: 1423 BREN MAR LM
City-St-Zip: PALM COAST, FL 32137

Title: TD () Delete
Name: COMEAU, DONNA WETJEN
Address: 181 CYPRESS POINT
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: CUFF, ROBERT G
Address: 170 MALAGA ST., SUITE A
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VD (X) Change () Addition
Name: MODEN, JOHN
Address: 4982 PALM COAST PARKWAY N.W., SUITE 7C
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G. CUFF

CD

04/30/2004

Electronic Signature of Signing Officer or Director

Date