

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90073 050 \*\*\*\*61.25

**DOCUMENT # 729349**

1. Entity 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

**PO BOX 352080  
PALM COAST FL 32135-2080  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1547401**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD**  
NAME **GRADY, WILLIAM** ☒ Delete  
STREET ADDRESS **300 N THIRD STREET**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **VCD**  
NAME **STETLER, MARY** ☐ Delete  
STREET ADDRESS **200 N CENTRAL AVENUE**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **TD**  
NAME **GRAVES, HOWARD** ☒ Delete  
STREET ADDRESS **33 FLAGLER PLACE**  
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **SD**  
NAME **MIKLO, JANE** ☐ Delete  
STREET ADDRESS **40-103 CLUBHOUSE DRIVE**  
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **CD**  
NAME  ☐ Delete  
STREET ADDRESS   
CITY-ST-ZIP

TITLE   
NAME  ☐ Delete  
STREET ADDRESS   
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE **CD** ☒ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE **VCD** ☐ Change ☒ Addition  
NAME **Robert Cuff, Jr.**  
STREET ADDRESS **1423 Bren Mar Lane**  
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Donna Wetjen Comeau**  
STREET ADDRESS **181 Cypress Point**  
CITY-ST-ZIP **Palm Coast, FL 32164**

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:

*Mary Stetler*

Mary Stetler, Chairman of the Board

386-437-7300

CR2E037 (10/02)