


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90047 018 ****70.00

DOCUMENT # 744858			
1. Entity Name FLAGLER PLAYHOUSE, INC			
Principal Place of Business P.O. BOX 35-2032 PALM COAST, FL 32135-2032		Mailing Address P.O. BOX 35-2032 PALM COAST, FL 32135-2032	
2. Principal Place of Business - No P.O. Box # 301 E. Moody Blvd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bunnell FL		City & State	
Zip 32110	Country	Zip	Country
6. Name and Address of Current Registered Agent CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH SUITE B PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name Ellertsen, Diane Street Address (P.O. Box Number is Not Acceptable) 19 Cunningham Lane City Palm Coast, FL 8 FL 32137	
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 <u>Diane C. Ellertsen Diane Ellertsen</u>		DATE <u>2/22/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORDONE, JOHN S 2 ROLLING PL PALM COAST, FL 32164 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ellertsen, Diane 19 Cunningham Lane Palm Coast FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAY, MICHAEL 47 BRISTOL LANE PALM COAST, FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Arlotta, Diane 4021 Calusa Lane Ormond Beach FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILELOW, JACK 54 FELWOOD LANE PALM COAST, FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Acting Tr Bigelow, John 4 Felwood Lane Palm Coast, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAMPF, WILLIAM G 52 PEBBLE BEACH DR PALM COAST, FL 32164 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bordone, John 2 Rolling Place Palm Coast FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC SWECNY, GERALD 83 CENTURY LANE PALM COAST, FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA WILBERN, JACK S. WINDSOR PLACE PALM COAST, FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>John Bigelow</u>		DATE <u>2/22/07</u> DAYTIME PHONE # <u>386-447-9846</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	