

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90010 017 ****61.25

DOCUMENT # 749 206

1. Entity Name
FLAGLER COUNTY, V.F.W. POST # 5213
BUNHELL, FL 32110-2075



DO NOT WRITE IN THIS SPACE

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

39-6162521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037B (8/05)

7. Name and Address of Current Registered Agent

Name

ROBERT HOWARD WRIGHT M.D.

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

14 LODING PLACE

City

PALM COAST, FL 32164-5873

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended AR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DEIDRE JEAN WRIGHT-COMMANDER
PO BOX 350597
PALM COAST, FL 32135-0597

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JAMES SHEEHAN-PROSUTANT
PO BOX 1642
FLAGLER BEACH, FL 32136-1642

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERT HOWARD WRIGHT M.D.
QUARTER MASTER
14 LODING PLACE
PALM COAST, FL 32164-5873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Robert Howard Wright M.D. Robert H. Wright M.D. 2/21/06

(386)
437-3622