

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754178** (2)
1. Corporation Name
FLAGLER COUNTY HUMANE SOCIETY INCORPORATED

Principal Place of Business	Mailing Address
1 SHELTER DRIVE PALM COAST FL 32137 US	1 SHELTER DRIVE PALM COAST FL 32137 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	09/15/1980	
4. FEI Number	59-2247034	Applied For ☐ Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CONNELLY, IRWIN A.
302 1/2 W MOODY BLVD
P.O. BOX 8
BUNNELL FL 32010

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	WOOD, JOYCE M	
STREET ADDRESS	70 COURTNEY PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DT	☐ DELETE
NAME	ROBINSON, LINDA	
STREET ADDRESS	9661 WEST HWY 100	
CITY-ST-ZIP	BUNNELL FL	
TITLE	VD	☒ DELETE
NAME	IHLENFELDT, KENNETH	
STREET ADDRESS	5522 N. OCEANSHORE BLVD.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DS	☐ DELETE
NAME	VERNIER, DOROTHY	
STREET ADDRESS	22 WELLSTREAM LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DVP	☒ DELETE
NAME	KORWEK, JUDITH	
STREET ADDRESS	27 COOL WATER COURT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DVP	☒ DELETE
NAME	MCKINSTRY, JEAN	
STREET ADDRESS	10 ROCKWELL LN.	
CITY-ST-ZIP	PALM COAST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	David Carlson	
1.3 STREET ADDRESS	7 Place Concorde	
1.4 CITY-ST-ZIP	Palm Coast, Fl. 32137	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	☒ Change ☐ Addition
3.2 NAME	Frank Covart	
3.3 STREET ADDRESS	246 Westhampton Drive	
3.4 CITY-ST-ZIP	Palm Coast, Fl. 32164	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DAS	☐ Change ☒ Addition
5.2 NAME	Yvonne Presley	
5.3 STREET ADDRESS	3 Cardwell Court	
5.4 CITY-ST-ZIP	Palm Coast, Fl. 32137	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *D. Presley* 1-12-98 1-904-445-1814

CR2E037 (10/97)