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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:47

DOCUMENT # 760311 (1)

1. Corporation Name
FLAGLER COUNTY ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19 BLACKBURN PLACE PO BOX 353604 PALM COAST FL 32135-0604	P. O. BOX 353604 PALM COAST FL 32135-0604 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1981
3a. Date of Last Report: 04/11/1994
4. FEI Number: NOT APPLICABLE ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D
326 MOODY BLVD
FLGLER BEACH FL 32036

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1.1 TITLE	D ☐ Change ☒ Addition
NAME	~~DIXON, ROY~~	1.2 NAME	PARLIAMENTARIAN DALE CLOSE
STREET ADDRESS	P. O. BOX 353604 N/A	1.3 STREET ADDRESS	PO BOX 353604
CITY-ST-ZIP	PALM COAST, FL 00000	1.4 CITY-ST-ZIP	PALM COAST FL 32135
TITLE	~~P~~	2.1 TITLE	D ☒ Change ☒ Addition
NAME	~~GENOVESE, WILLIAM~~	2.2 NAME	PRESIDENT RICHARD PRICE
STREET ADDRESS	P. O. BOX 353604 N/A	2.3 STREET ADDRESS	PO BOX 353604
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	PALM COAST FL 32135
TITLE	~~VP~~	3.1 TITLE	D ☒ Change ☐ Addition
NAME	RESTAINO, THOMAS	3.2 NAME	TREASURER THOMAS J RESTAINO
STREET ADDRESS	P. O. BOX 353604 N/A	3.3 STREET ADDRESS	PO BOX 353604
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	PALM COAST FL 32135
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	SEARS, ALICE	4.2 NAME	
STREET ADDRESS	P. O. BOX 353604 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	D ☒ Change ☒ Addition
NAME	GRASS, BRUCE	5.2 NAME	VICE PRESIDENT JAMES MARSCHKA
STREET ADDRESS	P. O. BOX 353604 N/A	5.3 STREET ADDRESS	PO BOX 353604
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	PALM COAST FL 32135
TITLE	D	6.1 TITLE	DECEASED ☒ Change ☐ Addition
NAME	WILSON, LINDA	6.2 NAME	
STREET ADDRESS	P. O. BOX 353604 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thomas J. Restaino 1/13/95 904 446 6190
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATOR OR DIRECTOR (Date) (Daytime Phone #)
Thomas J. Restaino

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