FILE NOW. FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 760311 (1)

1. Corporation Name

FLAGLER COUNTY ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~10 BLACKBURN PLACE~~ PO BOX 353604 PALM COAST FL 32135-0604	P. O. BOX 353604 PALM COAST FL 32135-0604 US

3. Date Incorporated or Qualified: 10/06/1981	4. Date of Last Report: 02/08/1995
5. FEI Number: NOT APPLICABLE	Applied For / Not Applicable
6. Certificate of Status Desired ☐	$8.75 Additional Fee Required
7. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

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 (P.O. Box Number is Not Acceptable)

500001854945
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84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, 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 _____ DATE

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

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	DIXON, ROY		1.2 NAME	JAMES MARSCHHKA
STREET ADDRESS	P. O. BOX 353604 N/A		1.3 STREET ADDRESS	~~PO Box 353604~~ R01 Box 1234 Hwy 11
CITY-ST-ZIP	PALM COAST, FL 00000		1.4 CITY-ST-ZIP	~~Palm Coast FL 32135-3604~~ Bunnell 32110
TITLE	P	☒ DELETE	2.1 TITLE	V ☒ Change ☐ Addition
NAME	GENOVESE, WILLIAM		2.2 NAME	Kevin Braddford
STREET ADDRESS	P. O. BOX 353604 N/A		2.3 STREET ADDRESS	~~PO Box 353604~~ 37 BRA Block LN
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP	Palm Coast FL 32137 ~~3604~~
TITLE	DT	☒ DELETE	3.1 TITLE	T ☒ Change ☐ Addition
NAME	RESTAIND, THOMAS		3.2 NAME	Rick CRIST
STREET ADDRESS	P O BOX 353604		3.3 STREET ADDRESS	~~PO Box 353604~~ 9 Windsail Cr.
CITY-ST-ZIP	PALM COURT FL		3.4 CITY-ST-ZIP	~~Palm Coast, FL 32135-3604~~ Ormond Bch. 32174
TITLE	S	☐ DELETE	4.1 TITLE	D-S ☐ Change ☐ Addition
NAME	SEARS, ALICE		4.2 NAME	ALICE F. SEARS
STREET ADDRESS	P. O. BOX 353604 N/A		4.3 STREET ADDRESS	14 Ferdinand Ln.
CITY-ST-ZIP	PALM COAST FL		4.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	DP	☒ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MARSCHAKA, JAMES		5.2 NAME	Billy Roberts
STREET ADDRESS	P O BOX 353604		5.3 STREET ADDRESS	Rt 1 Box 190-R
CITY-ST-ZIP	PALM COURT FL		5.4 CITY-ST-ZIP	Bunnell FL 32110
TITLE		☐ DELETE	6.1 TITLE	D Louis LENZ ☒ Change ☐ Addition
NAME			6.2 NAME	47 Fenhill Ln.
STREET ADDRESS			6.3 STREET ADDRESS	Palm Coast, FL 32137
CITY-ST-ZIP			6.4 CITY-ST-ZIP	5/1

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: Alice F. Sears Alice F. Sears 4/08/96 (904) 445-3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALICE F. SEARS ALICE F. SEARS

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