


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 14 FERDINAND LANE PO BOX 353604 PALM COAST FL 32135-0604		Mailing Address P. O. BOX 353604 PALM COAST FL 32135-0604 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 10/06/1981 3a. Date of Last Report 05/01/1996 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CHIUMENTO, MICHAEL D 326 MOODY BLVD FLAGLER BEACH FL 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 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 <i>[Signature]</i> DATE 8-18-97 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input checked="" type="checkbox"/> DELETE NAME MARCHAKA, JAMES STREET ADDRESS RT. 1 BOX 234 HWY. 11 CITY-ST-ZIP BUNNELL FL 32110			1.1 TITLE P <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME WILFRED ROSA 1.3 STREET ADDRESS P.O. BOX 352345 1.4 CITY-ST-ZIP PALM COAST FLA.		
TITLE V <input checked="" type="checkbox"/> DELETE NAME BRADFORD, KEVIN STREET ADDRESS 37 BRADDOCK LANE CITY-ST-ZIP PALM COAST FL 32137			2.1 TITLE V.P <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME HAL WILSON 2.3 STREET ADDRESS 300 JOHN ANDERSON HWY 2.4 CITY-ST-ZIP FLAGLER BEACH 32136		
TITLE T <input checked="" type="checkbox"/> DELETE NAME CRIST, RICK STREET ADDRESS 7 WINDSAIL CIR. CITY-ST-ZIP PRMOND BEACH FL 32174			3.1 TITLE T <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME ERNEST M TOTU 3.3 STREET ADDRESS 37 BANNBURY 3.4 CITY-ST-ZIP PALM COAST 32137		
TITLE D/S <input type="checkbox"/> DELETE NAME SEARS, ALICE SAME STREET ADDRESS 14 FERDINAND LANE CITY-ST-ZIP PALM COAST FL 32137			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME ROBERTS, BILLY STREET ADDRESS RT 1 BOX 190-R CITY-ST-ZIP BUNNELL FL 32110			5.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME JOHN ALEXANDERSON 5.3 STREET ADDRESS 26 WHITTINGTON DR 5.4 CITY-ST-ZIP PALM COAST 32164		
TITLE D <input type="checkbox"/> DELETE NAME LENZ, LOUIS SAME STREET ADDRESS 14 FERDINAND LANE CITY-ST-ZIP PALM COAST FL 32135-0604			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I do 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: SIGNATURE REQUIRED

8-18-97

CR2E037 (4/97)