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1995 FEB 27 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **763741** (6)

1. Corporation Name

KENTUCKY COLONELS OF FLAGLER COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 350521 PALM COAST FL 32135-0521	P.O. BOX 350521 PALM COAST FL 32135-0521

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1982
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2350666 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WRIGHT, JAMES H.
112 BREN MAR LANE
PALM COAST FL 32137

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	☐ Change ☐ Addition
NAME	IRWIN, DONALD M.	1.2 NAME	700001419307
STREET ADDRESS	14 COLE PLACE	1.3 STREET ADDRESS	-03/02/95--01056--007
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	T	2.1 TITLE	P ☒ Change ☒ Addition
NAME	NASH, ROLAND H., JR.	2.2 NAME	NORRIS, JOHN W.
STREET ADDRESS	1 FLAMINGO DRIVE	2.3 STREET ADDRESS	64 WESTMINSTER DRIVE
CITY-ST-ZIP	PALM COAST, FL 00000	2.4 CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	VP	3.1 TITLE	D ☒ Change ☐ Addition
NAME	MILLER, HENRY O.	3.2 NAME	
STREET ADDRESS	1 CLARENDON CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, VIRGIL	4.2 NAME	
STREET ADDRESS	151 BRYN MAR LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	T ☒ Change ☐ Addition
NAME	DONDONA, ANTHONY J.	5.2 NAME	
STREET ADDRESS	2 PENNYPACKER LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	VP ☒ Change ☒ Addition
NAME		6.2 NAME	D'ALLESANDRO, MARIO
STREET ADDRESS		6.3 STREET ADDRESS	35 KINGSLEY CIRCLE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174

2-27

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: Anthony F. Dondona FEB 20 1995 904-445-0569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023863