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Jan 17 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32135-0521P.O. BOX 350521  
PALM COAST FL 32135-0521

3. Date Incorporated or Qualified

06/17/1982

3a. Date of Last Report

01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME IRWIN, DONALD M.  
STREET ADDRESS 14 COLE PLACE  
CITY - ST - ZIP PALM COAST FL☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE P  
NAME NORRIS, JOHN W  
STREET ADDRESS 64 WESTMINSTER DR.  
CITY - ST - ZIP PALM COAST FL 32164☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE D  
NAME MILLER, HENRY O.  
STREET ADDRESS 1 CLARENDON CT.  
CITY - ST - ZIP PALM COAST FL☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE D  
NAME GREEN, VIRGIL  
STREET ADDRESS 151 BRYN MAR LANE  
CITY - ST - ZIP PALM COAST FL☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE T  
NAME DONDONA, ANTHONY J.  
STREET ADDRESS 2 PENNYPACKER LANE  
CITY - ST - ZIP PALM COAST FL☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE V  
NAME D'ALLESANDRO, MARIO  
STREET ADDRESS 35 KINGSLEY CIRCLE  
CITY - ST - ZIP ORMOND BEACH FL 32174☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 8 1997

Date

Daytime Phone 0002800

CR2E037 (9/96)