

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90006 004 ****61.25

DOCUMENT # 363741

1. Entity Name

KENTUCKY COLONELS OF FLAGLER COUNTY, INC.



Principal Place of Business

P.O. BOX 350521
PALM COAST FL 32135-0521

Mailing Address

P.O. BOX 350521
PALM COAST FL 32135-0521



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/06)

City & State

City & State

4. FEI Number

59-2350666

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **BRITT BREITENBERG PRESIDENT**
Street Address (P.O. Box Number is Not Acceptable)
117 FARRAGUT DR
City **PALM COAST, FL.** FL Zip Code **32137**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **B. BREITENBERG PRESIDENT**

B. Breitenberg

7-17-06

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D EDMOND, KOHDGIE	<input type="checkbox"/> Delete
STREET ADDRESS	16 MARINA PT PLACE	
CITY-STATE-ZIP	GEORGETOWN FL 32139	
TITLE NAME	VICE PRES ROBERT, MANGONE	<input type="checkbox"/> Delete
STREET ADDRESS	39 KINGSLEY CIRCLE	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	
TITLE NAME	2ND VICE PRES. ERIC, ERNST	<input type="checkbox"/> Delete
STREET ADDRESS	431 LONG COVE RD	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	
TITLE NAME	D VINCENT, PACE	<input type="checkbox"/> Delete
STREET ADDRESS	151 BRYN MAR LANE	
CITY-STATE-ZIP	PALM COAST FL	
TITLE NAME	T DONDONA, ANTHONY J.	<input type="checkbox"/> Delete
STREET ADDRESS	2 PENNYPACKER LANE	
CITY-STATE-ZIP	PALM COAST FL	
TITLE NAME	V D'ALESSANDRO, MARIO	<input type="checkbox"/> Delete
STREET ADDRESS	35 KINGSLEY CIRCLE	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	BOARD MEMBER ED JAMES 405 LAMBERT AVE
CITY-STATE-ZIP	FLAGLER BEACH, FL 32136
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	BOARD MEMBER WILLIAMS MCCARTHY 509 OYSTER BAY DR.
CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Anthony J. Dondona

JUL 19 2006

386-445-2569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #