## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 15, 2008 08:00 AN **DOCUMENT # 763741** 1. Entity Name **Secretary of State** KENTUCKY COLONELS OF FLAGLER COUNTY, INC. Principal Place of Business Mailing Address P.O. BOX 350521 P.O. BOX 350521 PALM COAST FL 32135-0521 PALM COAST FL 32135-0521 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2350666 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREITENBERG, BRITT Street Address (P.O. Box Number is Not Acceptable) 117 FARRAGUR DR PALM COAST FL 32137 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Bug stered Agen) signature sequired when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Delete TITLE Addition 000000829770 EDMOND, KOHDOGIE NAME NAME 02/26/08-80053-021 61.25 16 MARINA PT PLACE STREET ADDRESS STREET ADDRESS GEORGETOWN FL 32139 CiTY-ST-ZIP CITY-ST-ZIP ☐ Delote TITLE Change Addition TITLE ROBERT, MANGONE NAME MARAF STREET ADDRESS 39 KINGSLEY CIRCLE STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZP CITY-ST-ZIP 2VP Change Addition TITLE Delete TITLE ERIC, ERNST NAME NAME STREET ADDRESS. 431 LONG COVE RD STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP TITLE ВМ TITLE ☐ Change Addition ☐ Delete JAMES, ED NAME NAME STREET ADDRESS 465 LAMBERT AVE STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH FL 32136 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Adoition DONDONA, ANTHONY J. NAME NAME 2 PENNYPACKER LANE STREET ADDRESS STREET ACORESS PALM COAST FL CITY-ST-ZiP City-St-ZiP RM TITLE ☐ Delete TITLE Change ☐ Addition MCCARTHY, WILLAIM NAME NAME STREEL ADDRESS | 509 OYSTER BAY DR. STREET ADDRESS ORMOND BEACH FL 32174

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

FEB 1 3 2008

368-445-0569.