FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:06

DOCUMENT # 766748 (8)

1. Corporation Name

PALM COAST/FLAGLER SPORTS AND CONSERVATION ASSOC IATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 35221 PALM COAST FL 32135-1221 US	P.O. BOX 351221 PALM COAST FL 32135-1221 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1983
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2795439 ☐ 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
21 PO BOX 351221
Suite, Apt. #, etc. 22
City & State 23 PALM COAST FL
Zip 24 32135-1221 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

FARMER, LINWOOD E
28 CARLSON 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	S	1.1 TITLE	☐ Change ☐ Addition
NAME	ROLSMA, BARNEY	1.2 NAME	
STREET ADDRESS	7 BANTON LANE, P.O. BOX 350429	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32135-0429	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	RICE, HARRY	2.2 NAME	
STREET ADDRESS	782 VISCAYA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	LINCOLN, JAMES D	3.2 NAME	
STREET ADDRESS	63 WESTBROOK LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	V ☒ Change ☐ Addition
NAME	FARMER, LINWOOD E	4.2 NAME	CLEMENTS, JOHN E
STREET ADDRESS	28 CARLSON LN	4.3 STREET ADDRESS	726 FLAMINGO DR.
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MERRITT, JOHN P.	5.2 NAME	
STREET ADDRESS	35 WESTBURY LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	EDMONDS, CHARLES E	6.2 NAME	
STREET ADDRESS	106 DUNES CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH F	6.4 CITY-ST-ZIP	

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: Barney Rolsma BARNEY ROLSMA SECRETARY 3/7/95 (904) 446-1049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023805