

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90017 014 \*\*\*\*61.25

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DOCUMENT # 766748

1. Corporation Name

PALM COAST/FLAGLER SPORTS AND CONSERVATION ASSOCIATION, INC.

Principal Place of Business

PO BOX 351221  
PALM COAST FL 32135-1221  
US

Mailing Address

P.O. BOX 351221  
PALM COAST FL 32135-1221  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/26/1983

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2795439

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULLARD, WARREN H.  
162 WESTHAMPTON DRIVE  
PALM COAST FL 32137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

32164

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE

NAME FARMER, LINWOOD E

STREET ADDRESS 28 CARLSON LANE

CITY-ST-ZIP PALM COAST FL 32137

TITLE ~~P~~ ☒ DELETE

NAME BULLARD, WARREN H.

STREET ADDRESS 162 WESTHAMPTON DRIVE

CITY-ST-ZIP PALM COAST FL

TITLE T ☒ DELETE

NAME TOWNSEND, WILLIAM A.

STREET ADDRESS 55 VILLAGE CIRCLE

CITY-ST-ZIP PALM COAST FL

TITLE V ☐ DELETE

NAME TUCKER, PHILIP W

STREET ADDRESS 29 WELLING LANE

CITY-ST-ZIP PALM COAST FL 32164

TITLE D ☐ DELETE

NAME RHODES, PROCTOR C

STREET ADDRESS 27 BOSTON LANE

CITY-ST-ZIP PALM COAST FL 32137

TITLE D ☒ DELETE

NAME WILSON, WILLIAM F.

STREET ADDRESS 163 BARRINGTON DRIVE

CITY-ST-ZIP PALM COAST FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P ☐ Change ☒ Addition

DESHONG, LUCIAN E.

70 WESTOVER LANE

PALM COAST, FL. 32164

T ☒ Change ☐ Addition

BULLARD, WARREN H.

162 WESTHAMPTON DRIVE

PALM COAST, FL. 32164

☐ Change ☐ Addition

☒ Change ☐ Addition

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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)