


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **837106** (4)  
1. Corporation Name  
**THE FLAGLER FOUNDATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>6012 HAMPSTEAD AVE<br/>RICHMOND VA 23226<br/>US</b> | Mailing Address<br><b>P O BOX 0680<br/>RICHMOND VA 23226-0680<br/>US</b> |
|---|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>209 W. Hillcrest Ave</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc. |
| 22 City & State<br><b>Richmond VA</b>   | 27 City & State                                  |
| 23 Zip<br><b>23226</b>  | 28 Country                                       |
| 24  | 29   |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/29/1976</b>  | 3a. Date of Last Report<br><b>07/17/1996</b> |
| 4. FEI Number<br><b>50-6051282 54-6051282</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>CONE, FRED M JR<br/>FIRST UNION NATIONAL BANK TOWER<br/>225 WATER STREET, SUITE 1235<br/>JACKSONVILLE FL 32202</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 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 Louise Lewis Foster DATE **4/15/97**  
(NOTE: Registered Agent signature required when reinstating)

|                            |   |   |   |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE                      | <b>S</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       | <b>MCCARTHY, MADELINE B</b>                         | 1.2 NAME  | <b>PAM ROYER</b>  |
| STREET ADDRESS             | <b>9485 GREENHILL CT</b>                            | 1.3 STREET ADDRESS                                    | <b>7925 LAKEFOREST DRIVE</b>  |
| CITY-ST-ZIP                | <b>RICHMOND VA</b>                                  | 1.4 CITY-ST-ZIP                                       | <b>RICHMOND, VA 23235</b>   |
| TITLE                      | <b>AST</b> <input type="checkbox"/> DELETE          | 2.1 TITLE   | <b>V/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SAUER, BRADFORD B</b>                            | 2.2 NAME  |   |
| STREET ADDRESS             | <b>204 S. ERLWOOD CT</b>                            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>RICHMOND VA</b>                                  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | <b>WILEY, MARY L F</b>                              | 3.2 NAME  |   |
| STREET ADDRESS             | <b>17 CHINN LANE</b>                                | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIDDLEBURG VA</b>                                | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | <b>LEWIS, JANET P</b>                               | 4.2 NAME  |   |
| STREET ADDRESS             | <b>209 WEST HILLCREST AVE</b>                       | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>RICHMOND VA</b>                                  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME                       | <b>POLLARD, LEWIS B JR</b>                          | 5.2 NAME  |   |
| STREET ADDRESS             | <b>10638 CREST HILL RD</b>                          | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MARSHALL VA 22115</b>                            | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME                       | <b>SAUER, JANET L</b>                               | 6.2 NAME  |   |
| STREET ADDRESS             | <b>204 S ERLWOOD CT</b>                             | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>RICHMOND VA 23229</b>                            | 6.4 CITY-ST-ZIP                                       |   |

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: Louise Lewis Foster DATE **4/15/97** (804) 285-4581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 0078881

CR2E037 (9/96)

**FLORIDA DEPARTMENT OF STATE**  
**1997 Nonprofit Corporation Annual Report**

**ATTACHMENT FOR ADDITIONAL OFFICERS AND DIRECTORS:**

Title: P/D  
Name: Louise L. Foster  
Street Address: ~~6017 Hampstead Avenue~~ 905 ROCKFORD ROAD  
City, ST, Zip: ~~Richmond, VA 23226~~ High Point, NC 27262

Title: D  
Name: Kenan L. White  
Street Address: 115 East Hillcrest Avenue  
City, ST, Zip: Richmond, VA 23226