


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 837106 1. Entity Name THE FLAGLER FOUNDATION, INC.	
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Principal Place of Business 8100 THREE CHOPT ROAD STE 125 RICHMOND, VA 23229 US	Mailing Address 8100 THREE CHOPT ROAD STE 125 RICHMOND, VA 23229 US
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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
54-6051282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YONG, FRANK J ESQ
4570 ST JOHNS AVE
STE 1A
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, LOUISE L 905 ROCKFORD RD HIGH POINT, NC 27262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, KENAN L 115 E HILLCREST AVE RICHMOND, VA 23226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, BRISCOE B III 115 E HILLCREST AVE RICHMOND, VA 23226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SAUER, BRADFORD B 2000 W BROAD ST RICHMOND, VA 23220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLLARD, LEWIS B 10638 CREST HILL RD MARSHALL, VA 22115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUER, JANET L 204 S ERLWOOD CT RICHMOND, VA 23229

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01/24/05-80171-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louise L. Foster

1/18/05

(804) 285-4581

Date

Daytime Phone #