


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 837106</b> 1. Entity Name <b>THE FLAGLER FOUNDATION, INC.</b>	
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Principal Place of Business <b>8100 THREE CHOPT ROAD STE 125 RICHMOND, VA 23229 US</b>	Mailing Address <b>8100 THREE CHOPT ROAD STE 125 RICHMOND, VA 23229 US</b>
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**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>54-6051282</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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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IN THIS SPACE**

100000389626  
01/20/06-80054-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Foster 1-12-06 285-4581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #