

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 837106

1. Entity Name
THE FLAGLER FOUNDATION, INC.



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**



01062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-6051282	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____
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, 2007**

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	STD 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

U00000588539
01/17/07-80075-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LOUISE L. FOSTER, PRESIDENT

7-12-07 804-285-4581