

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002855

FILED
Apr 20, 2006
Secretary of State

Entity Name: FLAGLER VOLUNTEER SERVICES, INC.

Current Principal Place of Business:

408 S. CENTRAL AVE.
FLAGLER BEACH, FL 32136 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1604
FLAGLER BEACH, FL 32136 US

New Mailing Address:

FEI Number: 59-3644298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HELM, CHARLES M
408 S. CENTRAL AVE
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HELM, CHARLES M
Address: PO BOX 328
City-St-Zip: FLAGLER BEACH, FL 32136

Title: PD () Delete
Name: COOPER, JAMES B
Address: 1 CARDWELL CT.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: DAVIS, H.D.
Address: 43 WELLSTREAM LANE
City-St-Zip: PALM COAST, FL 32164

Title: VD () Delete
Name: LAMPERT, GAIL
Address: 200 S OCEANSHORE BLVD SUITE 3
City-St-Zip: FLAGLER BEACH, FL 32136

Title: SD () Delete
Name: WADSWORTH, GAIL
Address: POB 787
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: NARDI, ANNE
Address: POB 354386
City-St-Zip: PALM COAST, FL 32135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: POGUE, JOHN
Address: 950 ESPINADO AVE
City-St-Zip: ST AGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: GRANT, JONNIE
Address: 21 FL PARK DR
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH STETSON

EX D

04/20/2006

Electronic Signature of Signing Officer or Director

Date