

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002855

FILED
May 10, 2010
Secretary of State

Entity Name: FLAGLER VOLUNTEER SERVICES, INC.

Current Principal Place of Business:

ONE CORPORATE DRIVE
SUITE 2A
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 353755
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: 59-3644298 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HELM, CHARLES M
ONE CORPORATE DRIVE
SUITE 2A
PALM COAST, FL 32137 US

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
Name: HELM, CHARLES M
Address: PO BOX 328
City-St-Zip: FLAGLER BEACH, FL 32136

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

Title: D
Name: HOTH, EVE
Address: 91 PIEDMONT DRIVE
City-St-Zip: PALM COAST, FL 32164

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

Title: PD
Name: POAGE, JOHN
Address: 950 ESPINADO AVE
City-St-Zip: ST AGUSTINE, FL 32086

Title: SD
Name: WELLS, STEPHANIE
Address: 1 ZEALAND PLACE
City-St-Zip: PALM COAST, FL 32164

I hereby 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 all other like empowered.

SIGNATURE: CHARLES M. HELM

TD

05/10/2010

Electronic Signature of Signing Officer or Director

Date