


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90330 013 *****61.25

DOCUMENT # N00000005099	
1. Entity Name FLAGLER AREA MINISTERIAL ASSOCIATION, INC.	

Principal Place of Business 2095 JOYCE STREET FLAGLER BEACH FL 32136-3447	Mailing Address 2095 JOYCE ST FLAGLER BEACH FL 32136-3447
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2. Principal Place of Business	3. Mailing Address P.O. Box 877
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Flagler Beach FL	4. FEI Number 59-1744113	Applied For <input type="checkbox"/> Not Applicable
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Zip 32136-0877	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, DONALD 2095 JOYCE STREET FLAGLER BEACH FL 32136-3441	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME OTTO, THOMAS W STREET ADDRESS 1532 S DAYTONA AVENUE CITY-ST-ZIP FLAGLER BEACH FL 32136	<input checked="" type="checkbox"/> Delete	TITLE Vice President Director NAME Robert Sturgeon STREET ADDRESS 11 Sutton Court CITY-ST-ZIP Palm Coast FL 32164	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME SMITH, DONALD F STREET ADDRESS 2095 JOYCE ST CITY-ST-ZIP FLAGLER BEACH FL 32136-3441	<input type="checkbox"/> Delete	TITLE President Director NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME DAISY, HENRY STREET ADDRESS 503 E. DRAIN AVE. CITY-ST-ZIP BUNNELL FL 32110	<input type="checkbox"/> Delete	TITLE Secretary Director NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BARROWS, JANIE STREET ADDRESS 1505 OCEAN SHIRE BLVD. CITY-ST-ZIP FLAGLER BEACH FL 32136	<input checked="" type="checkbox"/> Delete	TITLE Ann Sturgeon Treas. Dir NAME STREET ADDRESS 11 Sutton Court CITY-ST-ZIP Palm Coast FL 32164	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donald F. Smith 4/28/04 386-439-4009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #