


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90107 007 ****70.00

DOCUMENT # N00000005099 1. Entity Name FLAGLER AREA MINISTERIAL ASSOCIATION, INC.					
Principal Place of Business 2095 JOYCE STREET FLAGLER BEACH, FL 32136-3447			Mailing Address P.O. BOX 877 FLAGLER BEACH, FL 32136-0877		
2. Principal Place of Business 11 SUTTON COURT Suite, Apt. #, etc.		3. Mailing Address PO Box 877 Suite, Apt. #, etc.			
City & State Palm Coast, FL		City & State FLAGLER BEACH, FL		4. FEI Number 59-1744113	
Zip 32164		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 STURGEON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 11 SUTTON COURT City Palm Coast FL Zip Code 32164			
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 Robert A Sturgeon April 18, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STURGEON, ROBERT 11 SUTTON COURT PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D STURGEON, ROBERT A 11 SUTTON COURT PALM COAST, FLORIDA 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, DONALD F 2095 JOYCE ST FLAGLER BEACH, FL 321363441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CRUTCHFIELD, GEORGE 22 RYBERRY DRIVE PALM COAST, FLORIDA 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VEGRADI, SHARON 42 WOODWARD LN PALM COAST, FL 321643103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D VERRENTI, SHARON 42 WOODWARD LANE PALM COAST, FLORIDA 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STURGEN, ANN 11 SUTTON COURT PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D STURGEON, ANN 11 SUTTON COURT PALM COAST, FLORIDA 32164	<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
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 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: Robert A Sturgeon April 18, 2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					