

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005099

FILED
Jan 21, 2009
Secretary of State

Entity Name: FLAGLER AREA MINISTERIAL ASSOCIATION, INC.

Current Principal Place of Business:

11 SUTTON COURT
PALM COAST, FL 32164 US

New Principal Place of Business:

2 LANGDON DRIVE
PALM COAST, FL 32137 US

Current Mailing Address:

P.O. BOX 877
FLAGLER BEACH, FL 321360877 US

New Mailing Address:

P.O. BOX 350746
PALM COAST, FL 32135 US

FEI Number: 56-2660557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STURGEON, ROBERT
11 SUTTON COURT
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

LAWRENCE, FREDERICK
2 LANGDON DRIVE
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: FREDERICK LAWRENCE

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: STURGEON, ROBERT
Address: 11 SUTTON COURT
City-St-Zip: PALM COAST, FL 32164

Title: V/D () Delete
Name: PALMER, ROD
Address: 19 PORT ECHO LANE
City-St-Zip: PALM COAST, FL 32164

Title: S/D () Delete
Name: VERRENTI, SHARON
Address: 42 WOODWARD LN
City-St-Zip: PALM COAST, FL 32164

Title: T/D (X) Delete
Name: STURGEON, ANN
Address: 11 SUTTON COURT
City-St-Zip: PALM COAST, FL 32164

Title: D (X) Delete
Name: HOWARD, SUZANNE
Address: 118 PARKVIEW DRIVE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: LAWRENCE, FREDERICK
Address: 2 LANGDON DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: TREA (X) Change () Addition
Name: JONES, SIMS
Address: 114 BOULDER ROCK DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: BENV (X) Change () Addition
Name: JONES, PHILIPPA
Address: 114 BOULDER ROCK DRIVE
City-St-Zip: PALM COAST, FL 32137

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

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

I hereby certify that the information supplied with this filing does not qualify 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: FREDERICK LAWRENCE

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date