

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005813

FILED
Aug 11, 2007
Secretary of State

Entity Name: TEAM FLAGLER, INC.

Current Principal Place of Business:

P.O. BOX 351195
PALM COAST, FL 32135

New Principal Place of Business:

55 FLEMINGWOOD LN.
PALM COAST, FL 32137

Current Mailing Address:

P O BOX 351195
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: 59-3636531 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:

ESPOSITO, MICHAEL A
5 FLINT PL
PALM COAST, FL 32137 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: PD () Delete
Name: ESPOSITO, MICHAEL A
Address: 5 FLINT PL
City-St-Zip: PALM COAST, FL 32137

Title: V/TD () Delete
Name: REELEY, JOANNA
Address: 55 FLEMINGWOOD LN.
City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete
Name: ESPOSITO, SUSAN
Address: 5 FLINT PL
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: EICHINGER, BRIAN
Address: 33 BRUCE LANE
City-St-Zip: PALM COAST, FL 32137

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:

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: JOANNA SKLADZIEN REELEY

VP

08/11/2007

Electronic Signature of Signing Officer or Director

Date