

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 03, 2007
Secretary of State

DOCUMENT# N01000000642

Entity Name: FLAGLER SPORTS & CONSERVATION ASSOCIATION, INC.**Current Principal Place of Business:**1616 EAST CR 90
BUNNELL, FL 32110**New Principal Place of Business:****Current Mailing Address:**PO BOX 351221
PALM COAST, FL 321351221**New Mailing Address:****FEI Number:** 59-3727396**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**QUINN, JAMES
333 ROYAL CARIBBEAN COURT
SAINT AUGUSTINE, FL 32080 US**Name and Address of New Registered Agent:**SCHEINER, ROBERT
12 CONTEE CT
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: ROBERT SCHEINER

10/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WOLFE, THOMAS
Address: 3601 CHRISTINA COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: QUINN, JAMES
Address: 333 ROYAL CARIBBEAN CT
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP () Delete
Name: KANIA, JAMES W
Address: PO BX 2099
City-St-Zip: FLAGLER BEACH, FL 32136

Title: GOV () Delete
Name: GIACOBBE, RAYMOND
Address: P.O. BOX 1526
City-St-Zip: BUNNELL, FL 32110

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: SCHEINER, ROBERT
Address: 12 CONTEE CT
City-St-Zip: PALM COAST, FL 32137

Title: VP (X) Change () Addition
Name: KANIA, JAMES N
Address: PO BX 2099
City-St-Zip: FLAGLER BEACH, FL 32136

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

Title: D () Change (X) Addition
Name: TEEPE, BILL
Address: 42 TREETOP CIR
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Change (X) Addition
Name: KEEFE, BILL
Address: 109 KINGS QUARRY LN
City-St-Zip: ST.AUGUSTINE, FL 32080

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: ROBERT SCHEINER

T

10/03/2007

Electronic Signature of Signing Officer or Director

Date