


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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90247 016 ****61.25

DOCUMENT # N02000002713
1. Entity Name
FLAGLER BEACH ENVIRONMENTAL PRESERVATION COUNCIL INC.



Principal Place of Business
**523 NORTH 10TH STREET
FLAGLER BEACH FL 32136**

Mailing Address
**PO BOX 1620
FLAGLER BEACH FL 32136**

J4UJ00J4



MOORE, CR2E037 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
NO-T APPLICABLE

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SMITH, BRENDA H ESQ
59 N CENTRAL AVENUE
UMATILLA FL 32784**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FERRER, ALLAN	523 NORTH 10TH STREET	FLAGLER BEACH FL 32136	<input type="checkbox"/>
VD	MISH, ROBERT	312 NORTH 6TH STREET	FLAGLER BEACH FL 32136	<input type="checkbox"/>
D	BATES, ROSEMARY	2615 SO. DAYTONA AVENUE	FLAGLER BEACH FL 32136	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Ferrer, Allan			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Duggins, Gail	5600 J. Anderson Hwy.	Flagler Beach, Fl. 32136	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Ricardi, Richard	1423 N. Central Ave.	Flagler Beach, Fl. 32136	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Robert Mish* **ROBERT MISH** *4/14/04* **386-439-7419**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #