

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02596

FILED
Jan 08, 2007
Secretary of State

Entity Name: FLAGLER HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-2440537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDY, JOSEPH PRES
400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086 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: D () Delete
Name: PLANT, REUBEN MD
Address: 84 VILLAGE DEL LARGO CIRCLE
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: RIGGLE, FRANK
Address: 67 DOLPHIN STREET
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: DIBELLA, MARGARET
Address: 135 CEDAR RIDGE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: TUCKER, LEN
Address: 147 SAN MARCO AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: EDDINS, HEIDI
Address: 1 MALAGA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: BAILEY, MARK
Address: 1200 PLANTATION ISLAND DRIVE, SUITE 210
City-St-Zip: SAINT AUGUSTINE, FL 32080

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:

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 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: JOSEPH GORDY

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

Date