

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004154

FILED
Apr 26, 2006
Secretary of State

Entity Name: FLAGLER COUNTY CHAMBER FOUNDATION, INC.

Current Principal Place of Business:

20 AIRPORT ROAD
BUNNELL, FL 32110

New Principal Place of Business:

20 AIRPORT ROAD
PALM COAST, FL 32164

Current Mailing Address:

20 AIRPORT ROAD
BUNNELL, FL 32110

New Mailing Address:

20 AIRPORT ROAD
PALM COAST, FL 32164

FEI Number: 20-2745914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, DICK
20 AIRPORT ROAD
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

JAROSZ, LINDA G
20 AIRPORT ROAD
PALM COAST, FL 32164 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: LINDA G. JAROSZ

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: LAWRENCE, THOMAS E
Address: 65 FRONT ST.
City-St-Zip: PALM COAST, FL 32137

Title: VP () Change (X) Addition
Name: SMITH, RICHARD
Address: 1640 LAMBERT AVE.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: S () Change (X) Addition
Name: HELM, CHARLES M
Address: 5301 JOHN ANDERSON HWY.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T () Change (X) Addition
Name: O'BRIEN, DONALD T JR.
Address: 56 OSPREY CR.
City-St-Zip: PALM COAST, FL 32137

Title: M () Change (X) Addition
Name: JAROSZ, LINDA G
Address: 20 AIRPORT ROAD
City-St-Zip: PALM COAST, FL 32164

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: LINDA G. JAROSZ

M

04/26/2006

Electronic Signature of Signing Officer or Director

Date