

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004154

FILED  
Aug 07, 2012  
Secretary of State

**Entity Name:** FLAGLER COUNTY CHAMBER FOUNDATION, INC.

**Current Principal Place of Business:**

20 AIRPORT ROAD  
SUITE C  
PALM COAST, FL 32164 US

**New Principal Place of Business:**

**Current Mailing Address:**

20 AIRPORT ROAD  
SUITE C  
PALM COAST, FL 32164 US

**New Mailing Address:**

**FEI Number:** 20-2745914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIUMENTO & GUNTARP P.A.  
145 CITY PLACE  
SUITE 301  
PALM COAST, FL 32164 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:** EVPR  
**Name:** DELORENZO, REBECCA  
**Address:** 20 AIRPORT ROAD SUITE C  
**City-St-Zip:** PALM COAST, FL 32164 US

**Title:** VCHM  
**Name:** SOWERS, SCOTT  
**Address:** 18 UTILITY DRIVE  
**City-St-Zip:** PALM COAST, FL 32137 US

**Title:** SCTY  
**Name:** O'CONNOR, DONALD  
**Address:** 3200 E. MOODY BLVD  
**City-St-Zip:** BUNNELL, FL 32110 US

**Title:** CHRM  
**Name:** LUBI, GARRY  
**Address:** 181 CYPRESS POINT PARKWAY  
**City-St-Zip:** PALM COAST, FL 32164 US

**Title:** TREA  
**Name:** SUBERS, JOHN  
**Address:** 60 MEMORIAL MEDICAL PKWY  
**City-St-Zip:** PALM COAST, FL 32164 US

**Title:** PRES  
**Name:** BAXTER, DOUGLAS J  
**Address:** 20 AIRPORT ROAD SUITE C  
**City-St-Zip:** PALM COAST, FL 32164 US

I hereby 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 all other like empowered.

**SIGNATURE:** DOUGLAS BAXTER

PRES

08/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date