

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003275

FILED  
Mar 25, 2011  
Secretary of State

**Entity Name:** UNIVERSITY WOMEN OF FLAGLER, INC.

**Current Principal Place of Business:**

315 LAMBERT AVENUE  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

315 LAMBERT AVENUE  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

**FEI Number:** 42-1700627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KNIGHT, DEANNA R  
4721 E MOODY BLVDE  
BLDG 5, SUITE 505 & 506  
BUNNELL, FL 32110 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:** DP  
**Name:** BENGSTON, SONDR  
**Address:** 24 BISCAY LANE  
**City-St-Zip:** PALM COAST, FL 32137

**Title:** DV  
**Name:** FISKE, CAROLE  
**Address:** 73 LONGVIEW WAY  
**City-St-Zip:** PALM COAST, FL 32137

**Title:** DV  
**Name:** FOX, BEVERLY  
**Address:** 18 COLLINGTON CT  
**City-St-Zip:** PALM COAST, FL 32137

**Title:** DT  
**Name:** CANCILA, LOLA  
**Address:** 23 PELICAN COURT  
**City-St-Zip:** PALM COAST, FL 32137

**Title:** DS  
**Name:** WILDMAN, SUSAN  
**Address:** 68 HABERSHAM DRIVE  
**City-St-Zip:** FLAGLER BEACH, FL 32136

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:** SONDR BENGSTON

PRES

03/25/2011

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

\_\_\_\_\_  
Date