

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007252

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** FLAGLER COUNTY FREE CLINIC, INC.

**Current Principal Place of Business:**

702 MOODY BLVD  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 727  
BUNNELL, FL 32110

**New Mailing Address:**

PO BOX 863  
BUNNELL, FL 32110

**FEI Number:** 20-6036975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NOWELL, SIDNEY M  
1100 E MOODY BLVD  
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: D ( ) Delete  
Name: CANAKARIS, JOHN M  
Address: P O BOX 727  
City-St-Zip: BUNNELL, FL 32110

Title: D ( ) Delete  
Name: COLEMAN, FAITH  
Address: P O BOX 727  
City-St-Zip: BUNNELL, FL 32110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CANAKARIS, JOHN M  
Address: P O BOX 863  
City-St-Zip: BUNNELL, FL 32110

Title: D (X) Change ( ) Addition  
Name: COLEMAN, FAITH  
Address: P O BOX 863  
City-St-Zip: BUNNELL, FL 32110

I hereby certify that the information supplied with this filing does not qualify 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: FAITH COLEMAN

D

01/19/2009

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

\_\_\_\_\_  
Date