

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012351

**FILED**  
**Oct 23, 2007**  
**Secretary of State**

**Entity Name:** ENTERPRISE FLAGLER FOUNDATION, INC.

**Current Principal Place of Business:**

20 AIRPORT RD SUITE D  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

20 AIRPORT RD SUITE D  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 20-5614960      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

COOLEY, THOMAS  
20 AIRPORT RD  
PALM COAST, FL 32137      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: THOMAS COOLEY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CHIUMENTO, MICHAEL III  
Address: 4 N OLD KINGS RD SUITE B  
City-St-Zip: PALM COAST, FL 32137

Title: D      ( ) Delete  
Name: MEALY, JANE  
Address: 315 LAMBERT AVE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D      ( ) Delete  
Name: NETTS, JON  
Address: 17 FLINTSTONE CT  
City-St-Zip: PALM COAST, FL 32137

Title: D      ( ) Delete  
Name: BARR, ART  
Address: PO BOX 220  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D      ( ) Delete  
Name: RECKTENWALD, CRYSTAL  
Address: 20 AIRPORT RD  
City-St-Zip: PALM COAST, FL 32137

Title: D      ( ) Delete  
Name: DANIEL, TAMMY  
Address: 60 MEMORIAL MEDICAL PKWY  
City-St-Zip: PALM COAST, FL 32164

**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 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: MICHAEL CHIUMENTO III

D

10/23/2007

Electronic Signature of Signing Officer or Director

Date