

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012351

FILED
Jan 15, 2008
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 ()

Name and Address of Current Registered Agent:

COOLEY, THOMAS
20 AIRPORT RD
PALM COAST, FL 32137 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: 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 (X) Delete
Name: BARR, ART
Address: PO BOX 220
City-St-Zip: FLAGLER BEACH, FL 32136

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: CULLIS, JIM
Address: 5 SANDPIPER COURT
City-St-Zip: PALM COAST, FL 32137

Title: S (X) Change () Addition
Name: DEVORE, BOB
Address: P.O. BOX 354489
City-St-Zip: PALM COAST, FL 32135

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: THOMAS COOLEY

D

01/15/2008

Electronic Signature of Signing Officer or Director

Date