

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07286

FILED
Jul 24, 2006
Secretary of State

Entity Name: FLAGLER COMMUNITY CARE & TRAINING CENTER, INC.

Current Principal Place of Business:

78 FARRAGUT DRIVE
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

78 FARRAGUT DRIVE
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 59-2539185 **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:

HARRIS, MARY J
78 FARRAGUT DRIVE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

HARRIS, MARY JANE
78 FARRAGUT DRIVE
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: MARY JANE HARRIS

07/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: RICHARDSON, ANNA M
Address: 7 CERRUDO LN
City-St-Zip: PALM COAST, FL 32137

Title: PD () Delete
Name: ALLEN, JAMES W
Address: 39 FARRINGTON LANE
City-St-Zip: PALM COAST, FL 32137

Title: VTD () Delete
Name: HARRIS, MARY J
Address: 78 FARRGUT DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: HARRIS, MARY JANE
Address: 78 FARRGUT DRIVE
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY JANE HARRIS

VTD

07/24/2006

Electronic Signature of Signing Officer or Director

Date