

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002710

Entity Name: C.O.P. FLAGLER, INC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

17 OLD KINGS ROAD NORTH SUITE C/D
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

17 OLD KINGS ROAD NORTH SUITE C/D
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 30-0472764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNE, SONIA
6 RAMSGAGE PLACE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

BYRNE, SONIA
300 CONNECTUCUT AVE.
FLAGLER BEACH, FL 32136 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: SONIA BYRNE

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GAROFALO, TONY
Address: 17 OLD KINGS ROAD NORTH SUITE C/D
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: BYRNE, SONIA
Address: 17 OLD KINGS ROAD NORTH SUITE C/D
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: SQUARCINO, FRED
Address: 17 OLD KINGS ROAD NORTH SUITE C/D
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: FERRANTE, MARIO
Address: 17 OLD KINGS ROAD NORTH SUITE C/D
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: PERIERA, JAY
Address: 17 OLD KINGS ROAD NORTH SUITE C/D
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: D (X) Change () Addition
Name: BRAND, THOMAS
Address: 17 OLD KINGS ROAD NORTH SUITE C/D
City-St-Zip: PALM COAST, FL 32137

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

Title: D (X) Change () Addition
Name: SGROI, ROBERT
Address: 17 OLD KINGS ROAD NORTH SUITE C/D
City-St-Zip: PALM COAST, FL 32137

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: SONIA BYRNE

DIR.

03/20/2009

Electronic Signature of Signing Officer or Director

Date