

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008467

FILED  
Feb 10, 2011  
Secretary of State

**Entity Name:** FLAGLER COUNTY FAMILY ASSISTANCE CENTER, INC.

**Current Principal Place of Business:**

205 NORTH PINE STREET  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 335  
BUNNELL, FL 321100335

**New Mailing Address:**

**FEI Number:** 80-0487738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAPCAR, JOHN P SR.  
21 RYKER LANE  
PALM COAST, FL 32164 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  
Name: TRAISTER, CARLA  
Address: 4 BULOW WOODS CIRCLE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D  
Name: WILLMAN, LEE  
Address: 39 FLORIDA PARK DR N  
City-St-Zip: PALM COAST, FL 32137

Title: C  
Name: MORELEWICZ, JIM  
Address: 85 SOLEE RD.  
City-St-Zip: PALM COAST, FL 32137

Title: T  
Name: THOMPSON, RICHARD W  
Address: 46 BARRINGTON DR.  
City-St-Zip: PALM COAST, FL 32137

Title: C  
Name: BICKINGS, SUE  
Address: 6 BLACK BEAR LN.  
City-St-Zip: PALM COAST, FL 32137

Title: S  
Name: KAPCAR, JOHN P SR.  
Address: 21 RYKER LANE  
City-St-Zip: PALM COAST, FL 32164

I hereby 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 all other like empowered.

SIGNATURE: JOHN P KAPCAR

S

02/10/2011

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

\_\_\_\_\_  
Date