2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008467

FILED Jan 12, 2012 Secretary of State

Entity Name: FLAGLER COUNTY FAMILY ASSISTANCE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

205 NORTH PINE STREET BUNNELL, FL 32110

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 335 BUNNELL, FL 321100335

FEI Number: 80-0487738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KAPCAR, JOHN P SR. OFLAHERTY, DEANNA 21 RYKER LANE 53 FISCHER LANE

PALM COAST, FL 32164 US 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: DEANNA O'FLAHERTY 01/12/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: VC

Name: TRAISTER, CARLA
Address: 4 BULOW WOODS CIRCLE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: C

Name: EXTROM, MILISSA
Address: 125 S. RIVERWALK DR.
City-St-Zip: PALM COAST, FL 32137

Title: S

Name: O'FLAHERTY, DEANNA Address: 53 FISCHER LANE 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: [

Name: HINDMAN, LYNN

Address: 24 PENNSYLVANIA LANE City-St-Zip: PALM COAST, FL 32137

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: RICHARD THOMPSON T 01/12/2012