

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010687

FILED  
Mar 22, 2011  
Secretary of State

**Entity Name:** THE FLAGLER COUNTY DRUG COURT FOUNDATION, INC.

**Current Principal Place of Business:**

210 SOUTH RAILROAD ST.  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

210 SOUTH RAILROAD ST.  
BUNNELL, FL 32110

**New Mailing Address:**

**FEI Number:** 27-1349987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLAHERTY, DEBRA  
210 SOUTH RAILROAD ST.  
BUNNELL, FL 32110 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: GUINES, JAMES  
Address: 3 WOODLYN LANE  
City-St-Zip: PALM COAST, FL 32164

Title: D  
Name: FLAHERTY, DEBRA  
Address: 210 SOUTH RAILROAD ST.  
City-St-Zip: BUNNELL, FL 32110

Title: D  
Name: PRICE, RICHARD  
Address: 1769 E. MOODY BLVD.  
City-St-Zip: BUNNELL, FL 32110

Title: D  
Name: FLYNT, JIM  
Address: 201 S. STATE STREET  
City-St-Zip: BUNNELL, FL 321106103

Title: D  
Name: LINKE, LYNDIA  
Address: 1000 BELLE TERR PARKWAY  
City-St-Zip: PALM COAST, FL 32164

Title: D  
Name: FRECKELTON, LLOYD  
Address: 540 LAMBERT AVE.  
City-St-Zip: FLAGLER BEACH, FL 32136

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: JAMES GUINES

D

03/22/2011

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

\_\_\_\_\_  
Date