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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17986 (3)
1. Corporation Name
FLAGLER COUNTY COMMITTEE OF ONE HUNDRED, INC.



Principal Place of Business % 2 AIRPORT ROAD STAR ROUTE BOX 18-N BUNNELL FL 32110	Mailing Address % 2 AIRPORT ROAD STAR ROUTE BOX 18-N BUNNELL FL 32110-9782
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2. Principal Place of Business 21 State Road 100 Suite, Apt. #, etc. 22 FPL Bldg. City & State 23 Bunnell, FL Zip 24 32110	2a. Mailing Address 26 P.O. Box 353100 Suite, Apt. #, etc. 27 City & State 28 Palm Coast, FL Zip 29 32135	3. Date Incorporated or Qualified 11/26/1986	3a. Date of Last Report 03/29/1996
		4. FEI Number 59-2742897	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORRIS, RICHARD 2 AIRPORT ROAD STAR RT. BOX 18-N BUNNELL FL 32110	10. Name and Address of New Registered Agent 81 Name William Lenssen 82 Street Address (P.O. Box Number is Not Acceptable) 2801 John Anderson 83 84 City Flagler Beach, FL 85 Zip Code 32136
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *William Lenssen* **1/17/97**
Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE SCHROEDER, ROBERT E. 1 FLORIDA PK. DR. #211 PALM COAST FL	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Catherine Larson 22 Cleveland Court Palm Coast, FL 32137
TITLE D	<input type="checkbox"/> DELETE CHIUMENTO, MICHAEL 48 OLD KINGS RD NORTH PALM COAST FL	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Terry Smith 1300 Palm Coast Pkwy, S.W. Palm Coast, FL 32137
TITLE D	<input checked="" type="checkbox"/> DELETE DAVIDSON, KENNETH 220 PALM COAST PARKWAY PALM COAST FL	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shirley Killough 2 Old Kings Rd. N. Palm Coast, FL 32137
TITLE D	<input checked="" type="checkbox"/> DELETE GOLDEN, GEORGE 1 FLORIDA PK DR #211 PALM COAST FL	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jonnie Paisley 21 Florida Park Dr. Palm Coast, FL 32137
TITLE D	<input checked="" type="checkbox"/> DELETE GARDNER, JAMES ITT-CDC EXEC OFFICES PALM COAST FL	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Howard Turner 3000 Palm Coast Pkwy. Palm Coast, FL 32137
TITLE D	<input checked="" type="checkbox"/> DELETE RABORN, DAVID 2 OLD KINGS BOULEVARD PALM COAST FL	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Patrick Kelley 4830 Belle Terre Pkwy. Palm Coast, FL 32164

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *William Lenssen* **1/17/97**

CR2E037 (9/96)