


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 STATE RD 100 FPL BLDG BUNNELL FL 32110 US		Mailing Address PO BOX 353100 PALM COAST FL 32135 US		3. Date Incorporated or Qualified 11/26/1986	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-2742897	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEUSSEN, WILLIAM 2801 JOHN ANDERSON FLAGLER BEACH FL 32136				10. Name and Address of New Registered Agent	
				81 Name Lenssen, William	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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* **William Lenssen** **4/16/98**
Signature, typed or printed name of registered agent and title 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		1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LARSON, CATHERINE			1.2 NAME	Rose Traub		
STREET ADDRESS	22 CLEVELAND CT			1.3 STREET ADDRESS	2619 W. ESTER AVE	<input checked="" type="checkbox"/> Delete	
CITY-ST-ZIP	PALM COAST FL			1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FLORIDA 32168	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	CHIUMENTO, MICHAEL			2.2 NAME			
STREET ADDRESS	4B OLD KINGS RD NORTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KILLOUGH, SHIRLEY			3.2 NAME	B. PAUL KATZ		
STREET ADDRESS	2 OLD KING'S RD N			3.3 STREET ADDRESS	1 FLORIDA PARK DRIVE, ATRIUM SUITE		
CITY-ST-ZIP	PALM COAST FL			3.4 CITY-ST-ZIP	PALM COAST, FL 32137	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE			
NAME	PAISLEY, JONNI			4.2 NAME			
STREET ADDRESS	21 FLORIDA PARK DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, HOWARD			5.2 NAME			
STREET ADDRESS	3000 PALM COAST PWY			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, PATRICK			6.2 NAME			
STREET ADDRESS	4850 BELLE TERRE PKWY			6.3 STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL			6.4 CITY-ST-ZIP			

14. I 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* **William Lenssen** **4/16/98** **Ken 432-2198**

CR2E037 (10/97)