

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90058 001 ****61.25

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DOCUMENT # N17986

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/26/1986

4. FEI Number

59-2742897

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LENSSSEN, W
2801 JOHN ANDERSON
FLAGLER BEACH FL 32136

10. Name and Address of New Registered Agent

81 Name

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 *W. Lensesen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME LARSON, CATHERINE
STREET ADDRESS 22 CLEVELAND CT
CITY-ST-ZIP PALM COAST FL

DELETE

TITLE D
NAME CHIUMENTO, MICHAEL
STREET ADDRESS 48 OLD KINGS RD NORTH
CITY-ST-ZIP PALM COAST FL

DELETE

TITLE T
NAME KATZ, B P
STREET ADDRESS 1 FLORIDA PK DR, ATRIUM STE
CITY-ST-ZIP PALM COAST FL 32137

DELETE

TITLE D
NAME PAISLEY, JONNI
STREET ADDRESS 21 FLORIDA PARK DR
CITY-ST-ZIP PALM COAST FL

DELETE

TITLE D
NAME TURNER, HOWARD
STREET ADDRESS 3000 PALM COAST PWY
CITY-ST-ZIP PALM COAST FL

DELETE

TITLE D
NAME KELLY, PATRICK
STREET ADDRESS 4850 BELLE TERRE PKWY
CITY-ST-ZIP PALM COAST FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *W. Lensesen* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/99 904-432-2100

CR2E037 (11/98)