

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20842

FILED
Mar 23, 2006
Secretary of State

Entity Name: FLAGLER ECUMENICAL SOCIAL SERVICE CENTER, INC.

Current Principal Place of Business:

P.O. BOX 2058
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2058
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 59-2832976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYCE, ROSS
12 ELLSWORTH DR.
PALM COAST, FL 32164 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: P () Delete
Name: ROYCE, ROSS C
Address: 12 ELLSWORTH DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: INMAN, TERRI
Address: 12 FARMSDALE LANE
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: GARDNER, ELIZABETH
Address: PO BOX 335
City-St-Zip: BUNNELL, FL 32110

Title: T () Delete
Name: SALEMI, MAUREEN
Address: 84 BURBANK DR.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: DANIEL, TAMMY
Address: 60 MEMORIAL MEDICAL PKWY
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: DAVIS, LUCY
Address: 50 EGRET TRAIL
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: INMAN, TERRI
Address: 12 FARMSDALE LANE
City-St-Zip: PALM COAST, FL 32137

Title: VP (X) Change () Addition
Name: ROYCE, ROSS
Address: 12 ELLSWORTH DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERRI INMAN

PRES

03/23/2006

Electronic Signature of Signing Officer or Director

Date