

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20842

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** FLAGLER ECUMENICAL SOCIAL SERVICE CENTER, INC.

**Current Principal Place of Business:**

CONFIDENTIAL LOCATION  
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:**

MURRAY, JOHN F  
4 SHINNEDOCK COURT  
PALM COAST, FL 32137 US

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

CORSON, CAROL  
119 FRONTIER DRIVE  
PALM COAST, FL 32137 US

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: CAROL CORSON

03/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: S ( ) Delete  
Name: CORSON, CAROL  
Address: 119 FRONTIER DRIVE  
City-St-Zip: PALM COAST, FL 32137

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

Title: D ( ) Delete  
Name: ANDERSON, WILLARD  
Address: 12 ELLIOT PLACE  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: CONSENTINO, FRANK J  
Address: 10 REGENCY DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CORSON, CAROL  
Address: 119 FRONTIER DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: VP (X) Change ( ) Addition  
Name: MECSERI, ANN  
Address: 6 CANARISE PLACE  
City-St-Zip: PALM COAST, FL 32137

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

Title: S (X) Change ( ) Addition  
Name: HOPKINS, KATHLEEN  
Address: 60 MEMORIAL MEDICAL PARKWAY  
City-St-Zip: PALM COAST, FL 32137

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

Title: ED ( ) Change (X) Addition  
Name: CHRISTEN, DIANA  
Address: PO BOX 2058  
City-St-Zip: BUNNELL, FL 32110

I hereby certify that the information supplied with this filing does not qualify 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: DIANA CHRISTEN

ED

03/23/2009

Electronic Signature of Signing Officer or Director

Date