2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2011
Secretary of State

DOCUMENT# N20842

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:

CORSON, CAROL
119 FRONTIER DRIVE
PALM COAST, FL 32137 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
Name: CORSON, CAROL
Address: 119 FRONTIER DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: VP
Name: HAUFF, BRADLEY
Address: 180 BEACHWAY DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: T
Name: LIGHTFOOT, AGNES
Address: 38 FENWICK LANE
City-St-Zip: PALM COAST, FL 32137

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

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

Title: IED
Name: GIACCONE, TRISH
Address: PO BOX 2058
City-St-Zip: BUNNELL, FL 32110

I hereby 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 all other like empowered.

SIGNATURE: TRISH GIACCONE, INTERIM EXECUTIVE DIRECTOR IED 03/11/2011

Electronic Signature of Signing Officer or Director Date