2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20842

FILED Feb 28, 2012 Secretary of State

Entity Name: FLAGLER ECUMENICAL SOCIAL SERVICE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

CONFIDENTIAL LOCATION BUNNELL, FL 32110

Current Mailing Address: New Mailing Address:

P.O. BOX 2058 BUNNELL, FL 32110

FEI Number: 59-2832976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORSON, CAROL

119 FRONTIER DRIVE

PALM COAST, FL 32137 US

LIGHTFOOT, AGNES

38 FENWICK LANE

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: AGNES LIGHTFOOT 02/28/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP

Name: ANDERSON, WILLARD
Address: 12 ELLIOTT PLACE
City-St-Zip: PALM COAST, FL 32164

Title: F

 Name:
 HAUFF, BRADLEY

 Address:
 180 BEACHWAY DRIVE

 City-St-Zip:
 PALM COAST, FL 32164

Title:

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

Title:

Name: ANDERSON, KATHLEEN

Address: 60 MEMORIAL MEDICAL PARKWAY

City-St-Zip: PALM COAST, FL 32137

Title: [

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

Title: ED

 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 ED 02/28/2012