FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36347** **(5)**

1. Corporation Name

FLAGLER COUNTY TAXPAYERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 350321 PALM COAST FL 32135-0321	P.O. BOX 350321 PALM COAST FL 32135-0321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/10/1990**
3a. Date of Last Report: **02/18/1994**
4. FEI Number: **59-2995233** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CANFIELD, JAMES
5 CLAYMONT CT NO
PALM COAST FL 32137

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	D	PRESIDENT / DIRECTOR ☒ Change ☐ Addition
NAME	~~CANFIELD, JAMES~~	12 NAME		WILLARD MARTIN
STREET ADDRESS	~~5 CLAYMONT CT NO~~	13 STREET ADDRESS		15 BRADDOCK LN.
CITY-ST-ZIP	~~PALM COAST FL~~	14 CITY-ST-ZIP		PALM COAST, FL. 32137
TITLE	D	21 TITLE	D	SECTY. TREAS. / DIRECTOR ☒ Change ☐ Addition
NAME	~~RIELOSEN, HENDRICK~~	22 NAME		CATHERINE LARSON
STREET ADDRESS	~~22 BUFFALO GROVE RD~~	23 STREET ADDRESS		22 CLEVELAND CT.
CITY-ST-ZIP	~~PALM COAST FL~~	24 CITY-ST-ZIP		PALM COAST, FL. 32137
TITLE	ST	31 TITLE	D	DIRECTOR ☐ Change ☒ Addition
NAME	~~LARSON, CATHERINE~~	32 NAME		THOMAS HENZEY
STREET ADDRESS	~~22 CLEVELAND CT~~	33 STREET ADDRESS		58 WEBSTER LN.
CITY-ST-ZIP	~~PALM COAST FL~~	34 CITY-ST-ZIP		PALM COAST, FL. 32137
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	~~FOSTER, DANIEL~~	42 NAME		
STREET ADDRESS	~~150 WEST DRIVE~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~PALM COAST FL~~	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	~~RADLET, THOMAS~~	52 NAME		
STREET ADDRESS	~~1 BLEAU CT~~	53 STREET ADDRESS		
CITY-ST-ZIP	~~PALM COAST FL~~	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	~~MARIN, WILLARD~~	62 NAME		
STREET ADDRESS	~~15 BRADDOCK LN~~	63 STREET ADDRESS		
CITY-ST-ZIP	~~PALM COAST FL~~	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Catherine M. Larson CATHERINE M. LARSON 4/15/95 904-445-6820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003477