

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N36990

(2)

1. Corporation Name

FLAGLER COUNTY COUNCIL FOR THE ARTS, INC.

Principal Place of Business

P.O. BOX 352003
PALM COAST FL 32135

Mailing Address

P.O. BOX 352003
PALM COAST FL 32135
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

VALDIN A. LICHTER
1 COMMERCE BLVD
PALM COAST FL 32137

3. Date Incorporated or Qualified

03/08/1990

4. FEI Number

59-2954041

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

EILEEN G. MULGREW

82 Street Address (P.O. Box Number is Not Acceptable)

2 CHESNEY COURT

83

900002674909--4

84 City

PALM COAST

10/28/98 - 01/08/99
*****70 FL *****

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Eileen G. Mulgrew* EILEEN G. MULGREW - TREASURER

8/19/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME VALDIN A. LICHTER
STREET ADDRESS 45 ISLAND ESTATES PARKWAY
CITY-ST-ZIP PALM COAST FL

TITLE VPD ☐ DELETE

NAME RANDOLPH, MARY ELLEN
STREET ADDRESS 193 BEACHWAY DR.
CITY-ST-ZIP PALM COAST FL

TITLE VPD ☒ DELETE

NAME JAMES DARBY
STREET ADDRESS P.O. BOX 1132/1839 S, FLAGLER AVE
CITY-ST-ZIP FLAGLER BEACH FL

TITLE T ☐ DELETE

NAME MS. EILEEN MULGREW
STREET ADDRESS 2 CHESNEY CT.
CITY-ST-ZIP PALM COAST FL

TITLE RS ☒ DELETE

NAME MS. KATHLEEN O'HARE
STREET ADDRESS 5 CEDAR POINT DR
CITY-ST-ZIP PALM COAST FL

TITLE CS ☒ DELETE

NAME MS. ISABEL WILD
STREET ADDRESS 62 FAIRBANK LANE
CITY-ST-ZIP PALM COAST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME JAMES DARBY
1.3 STREET ADDRESS PO BOX 1132/1839 S. FLAGLER AVE
1.4 CITY-ST-ZIP FLAGLER BEACH, FL 32136

2.1 TITLE VPD ☐ Change ☐ Addition

2.2 NAME RANDOLPH, MARY ELLEN
2.3 STREET ADDRESS 26 FAIRBANK LANE
2.4 CITY-ST-ZIP PALM COAST, FL 32164

3.1 TITLE PRESIDENT VPD ☒ Change ☒ Addition

3.2 NAME JAMES MICHAEL GUBERMAN
3.3 STREET ADDRESS PO BOX 755
3.4 CITY-ST-ZIP Bunnell, FL 32110

4.1 TITLE T ☐ Change ☐ Addition

4.2 NAME EILEEN MULGREW
4.3 STREET ADDRESS 2 Chesney Ct.
4.4 CITY-ST-ZIP PALM COAST, FL 32137

5.1 TITLE RS ☐ Change ☒ Addition

5.2 NAME ELAINE DAVIDSON
5.3 STREET ADDRESS 123 FRONTIER DR
5.4 CITY-ST-ZIP PALM COAST, FL 32137

6.1 TITLE CS ☐ Change ☒ Addition

6.2 NAME EVELYN RUNCK
6.3 STREET ADDRESS 11 Cleveland Court
6.4 CITY-ST-ZIP PALM COAST, FL 32137

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Eileen G. Mulgrew EILEEN G. MULGREW

8/19/98

904.445-8472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

0000413

FILED

98 OCT 23 AM 9:54

SECRETARY OF STATE
FLORIDA

