

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N39530

1. Entity Name
FLAGLER COUNTY BAR ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 944
BUNNELL, FL 32110**

Mailing Address
**P.O. BOX 944
BUNNELL, FL 32110**



04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3027599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONNER, TIMOTHY J
2 JUNGLE HUT RD STE 1
PALM COAST, FL 32137**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000307714
04/15/05-80064-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUFF, ROBERT G 170 MALAGA ST., STE. A SAINT AUGUSTINE, FL 320853504
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOWELL, SIDNEY M P.O. BOX 819 BUNNELL, FL 32110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASCUCCI, JOHN A P.O. BOX 354750 PALM COAST, FL 321354750
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMPERT, GAIL E 200 SOUTH AIA, STE. 3 FLAGLER BEACH, FL 32136
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05
Date

**(386)
445-4304**
Daytime Phone #