

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 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



01232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3027599

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PASCUCCI, JOHN A
24 FENIMORE LN
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

John A Pasqucci

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-07

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOWELL, SIDNEY M
STREET ADDRESS	P.O. BOX 819
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	VPD
NAME	LATHAN, CARRIE
STREET ADDRESS	22 PINEHURST PL
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	T
NAME	PASCUCCI, JOHN A
STREET ADDRESS	24 FENIMORE LANE
CITY-ST-ZIP	PALM COAST, FL 321379121
TITLE	SD
NAME	LAMPERT, GAIL E
STREET ADDRESS	200 SOUTH AIA, STE. 3
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000646406
03/06/07-80030-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the empowered.

SIGNATURE:

John A Pasqucci *John A Pasqucci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/07 *6386*
445-4304