


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90084 024 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 2 Jungle Hut Road Suite, Apt. #, etc. Suite 1		3. Mailing Address P.O. Box 944 Suite, Apt. #, etc.	
City & State Palm Coast, FL		City & State Bunnell, FL	
Zip 32137		Zip 32110	
Country USA		Country USA	
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 PASCUCCI, JOHN A 24 FENIMORE LN PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME NOWELL, SIDNEY M	<input type="checkbox"/> Delete	
STREET ADDRESS P.O. BOX 819	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP BUNNELL, FL 32110			
TITLE VPD	NAME LATHAN, CARRIE	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 22 PINEHURST PL	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP PALM COAST, FL 32137			
TITLE T	NAME PASCUCCI, JOHN A	<input type="checkbox"/> Delete	
STREET ADDRESS 24 FENIMORE LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP PALM COAST, FL 321379121			
TITLE SD	NAME LAMPERT, GAIL E	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 200 SOUTH AIA, STE. 3	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP FLAGLER BEACH, FL 32136			
TITLE VPD	NAME Bosch, William J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2 Jungle Hut Road, Suite 1	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP Palm Coast, FL 32137			
TITLE SD	NAME Moore, D. Melissa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 101 South Palmetto Avenue, Suite 3	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP Daytona Beach, FL 32114			
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 like empowered.			
SIGNATURE: <i>Sidney M. Nowell</i>		1/9/08 386-437-1668	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	