

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39530

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: FLAGLER COUNTY BAR ASSOCIATION, INC.

## Current Principal Place of Business:

2 JUNGLE HUT RD STE 1  
PALM COAST, FL 32137

## New Principal Place of Business:

411 SOUTH CENTRAL AVENUE  
SUITES B & C, SECOND FLOOR  
FLAGLER BEACH, FL 32136

## Current Mailing Address:

P.O. BOX 944  
BUNNELL, FL 32110

## New Mailing Address:

FEI Number: 59-3027599

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PASCUCCI, JOHN A  
24 FENIMORE LN  
PALM COAST, FL 32137 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NOWELL, SIDNEY M  
Address: P.O. BOX 819  
City-St-Zip: BUNNELL, FL 32110

Title: VPD ( ) Delete  
Name: BOSCH, WILLIAM J  
Address: 2 JUNGLE HUT RD STE 1  
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete  
Name: PASCUCCI, JOHN A  
Address: 24 FENIMORE LANE  
City-St-Zip: PALM COAST, FL 321379121

Title: SD ( ) Delete  
Name: MOORE, MELISSA D  
Address: 101 S PALMETTO AVE STE 3  
City-St-Zip: DAYTONA BEACH, FL 32114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: BOSCH, WILLIAM J  
Address: POST OFFICE BOX 600  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIDNEY M. NOWELL

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date