2006 NOT-FOR-PROFIT CORPORATION

Mar 30, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N42079** 03-30-2006 90021 013 ****61.25 FLAGLER POST 115, INC. Principal Place of Business Mailing Address P O BOX 1731 P O BOX 1731 BUNNELL, FL 32110 BUNNELL, FL 32110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #. etc. 01052006 Chg-NP CR2E037 (11/05) City & State Applied For FEI Number 59-6200392 City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLARK, JOHN C Street Address (P.O. Box Number is Not Acceptable) 97 ERIE DRIVE PALM COAST, FL 32164 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE CATE Signature, typed or printed name of registered agent and little if applicable #ROTE: Rogistaned Agent arguature required when renatating! Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D ☐ Addition TIBE De ete DILE ☐ Change BRIXIUS, JACK HAME STREET ADVORESS 20 FERNMILL LANE STREET ADDRESS PALM COAST, FL 32137 CITY-ST-20 CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change Addition CLARK, JOHN NAME NAME STREET ADDRESS 97 ERIC DRIVE STREET ADDRESS CITY-ST ZIP CITY-ST 7/P PALM COAST, FL 32164 VD ☐ Change Addition DILE De ete TIRE NAME PROVOST, ROBERT HAME STREET ADDRESS 1 EDGE LANE STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 CITY - ST - ZIP ■ Addition VD Delete IIII F Change TITLE WHITE, JIM NAME KAME STREET ADDRESS 11 MID OAKS CIRCLE STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST 78P **X** Dalete TITLE Change Addition HAGEL, ROBERT NAME STREET ADDRESS **5 FAIRWAYS CIRCLE** STREET ADDRESS PALM COAST, FL 32137 CITY-ST-ZIP CITY ST-ZIP Delete Addition

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 it 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 if

TITLE

KAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CROSS, GLEN

25 CONLEY CT.

PALM COAST, FL 32137

TITLE

NAME

STREET ADORESS

CER OR DIRECTOR

FILED