

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90162 017 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                                  |                                                                                                                                                                  |                                                                                   |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>DOCUMENT # N42079</b><br>1. Entity Name<br><b>FLAGLER POST 115, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                                  |                                                                                                                                                                  |  |                                                                    |
| Principal Place of Business<br>P O BOX 1731<br>BUNNELL, FL 32110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                                  | Mailing Address<br>P O BOX 1731<br>BUNNELL, FL 32110                                                                                                             |                                                                                   |                                                                    |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                                  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                                                    |                                                                                   |                                                                    |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                                  | City & State                                                                                                                                                     |                                                                                   |                                                                    |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    | Country                                                                          |                                                                                                                                                                  | Zip                                                                               |                                                                    |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | Country                                                                          |                                                                                                                                                                  | 01312007 Chg-NP CR2E037 (12/06)                                                   |                                                                    |
| 4. FEI Number<br><b>59-6200392</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                  |                                                                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                    |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                                  |                                                                                                                                                                  | <b>\$8.75 Additional Fee Required</b>                                             |                                                                    |
| 6. Name and Address of Current Registered Agent<br><br><b>CLARK, JOHN C</b><br><b>97 ERIE DRIVE</b><br><b>PALM COAST, FL 32164</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u>John C. Clark, Adjutant</u> <u>John C. Clark</u> <u>April 21, 2007</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>                                                                                                                                                          |                                                                    |                                                                                  |                                                                                                                                                                  |                                                                                   |                                                                    |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                  | <b>\$5.00 May Be Added to Fees</b>                                                |                                                                    |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                  |                                                                                                                                                                  |                                                                                   |                                                                    |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                            |                                                                                   |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>BRIDIUS, JACK<br>20 FERNMILL LANE<br>PALM COAST, FL 32137     | <input checked="" type="checkbox"/> Delete                                       |                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | D<br>Hansen, Wm.<br>21 Fernham Ln.<br>Palm Coast, FL 32137-8105    |
| <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                                                                                                  |                                                                                   |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PD<br>CLARK, JOHN<br>97 ERIC DRIVE<br>PALM COAST, FL 32164         | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | PD<br>CLARK, JOHN<br>97 ERIC DRIVE<br>PALM COAST, FL 32164         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                                                                                                  |                                                                                   |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VD<br>PROVOST, ROBERT<br>1 EDGE LANE<br>PALM COAST, FL 32164       | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | VD<br>PROVOST, ROBERT<br>1 EDGE LANE<br>PALM COAST, FL 32164       |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                                                                                                  |                                                                                   |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VD<br>WHITE, JIM<br>11 MID OAKS CIRCLE<br>PALM COAST, FL 32137     | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | VD<br>WHITE, JIM<br>11 MID OAKS CIRCLE<br>PALM COAST, FL 32137     |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                                                                                                  |                                                                                   |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T<br>LINEKS, JOHN S JR<br>54 LA MANCHA DR<br>PALM COAST, FL 32137  | <input checked="" type="checkbox"/> Delete                                       |                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | T<br>LINEKS, JOHN S JR<br>54 LA MANCHA DR<br>PALM COAST, FL 32137  |
| <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |                                                                                                                                                                  |                                                                                   |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>SOWEEL, NICOLAI<br>847 FLEMINGWOOD LN<br>PALM COAST, FL 32137 | <input checked="" type="checkbox"/> Delete                                       |                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | D<br>SOWEEL, NICOLAI<br>847 FLEMINGWOOD LN<br>PALM COAST, FL 32137 |
| <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>John C. Clark</u> <u>John C. Clark</u> <u>April 21, 2007</u> <u>386-437</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                  |                                                                                                                                                                  |                                                                                   |                                                                    |