2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90023 018 ****61.25

DOCUMENT # N42079

1. Entity Name

FLAGLER POST 115, INC.

Principal Place of Business	Mailing Address
P O BOX 1731 BUNNELL FL 32110	P O BOX 1731 BUNNELL FL 32110

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6200392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, JOHN C
97 ERIE DRIVE
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name PROVOST, ROBERT
Street Address (P.O. Box Number is Not Acceptable) 1 EDGE LANE
City PALM COAST FL Zip Code 32164

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 Robert A. Provost ROBERT A. PROVOST, ADJUTANT 2/12/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1; 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENENLOTTER, WM 21 FERNHAM LN PALM COAST FL 32137-8105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLARK, JOHN 97 ERIC DRIVE PALM COAST FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FD MADELINE JORDAN 800 OCEAN MARINA DR FLAGLER BEACH, FL 32136	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PROVOST, ROBERT 1 EDGE LANE PALM COAST FL 32164	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WHITE, JIM 11 MID OAKS CIRCLE PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MASSIE, OZZIE 27 COMLEY CT PALM COAST FL 32137-9024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, CHARLES 33 FALLWOOD LN PALM COAST FL 32137-9144	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GENE SMITH 7 WATERMILL PL PALM COAST, 32164	☒ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert A. Provost ROBERT A. PROVOST 2/12/2008 (386) 437-3634
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR DIRECTOR