2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42079

Title:

Name:

Address:

City-St-Zip:

Entity Name: FLAGLER POST 115, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
P O BOX 1731 BUNNELL, FL 32110				97 ERIC DRIVE PALM COAST, FL 32164				
Current Mailing Address:				New Mailing Address:				
P O BOX 1731 BUNNELL, FL 32110				P O BOX 1731 BUNNELL, FL 321101731				
FEI Number:	59-6200392	FEI Number Applied For()	FEI Nun	nber Not Appli	icable ()	Certificat	te of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
PROVOST, ROBERT 1 EDGE LANE PALM COAST, FL 32164 US				CLARK, JOHN C 97 ERIC DRIVE PALM COAST, FL 32164 US				
The above in the State		ubmits this statement for the pur	rpose of	f changing it	s registere	d office or re	egistered agent, or both,	
SIGNATURE: JOHN C CLARK				04/16/2009				
	Electroni	c Signature of Registered Agent	t				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () HENENLOTTER, 21 FERNHAM LN PALM COAST, F	1		Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	FD () JORDAN, MADE 800 OCEAN MAI FLAGLER BEAC	RINA DRIVE		Title: Name: Address: City-St-Zip:	FD CLARK, JOH 97 ERIC DR PALM COAS) Addition	
Title: Name: Address: City-St-Zip:	VD () PROVOST, ROB 1 EDGE LANE PALM COAST, F			Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	VD () WHITE, JIM 11 MID OAKS C PALM COAST, F			Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	T () MASSIE, OZZIE 27 COMLEY CT PALM COAST, F	Delete L 321379024		Title: Name: Address: City-St-Zip:	T MASSIE, OZ 27 CONLEY PALM COAS) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN C CLARK FD 04/16/2009

() Delete

SMITH, GENÈ

7 WATERMILL PLACE

PALM COAST, FL 32164

() Change () Addition