

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42079

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** FLAGLER POST 115, INC.

**Current Principal Place of Business:**

97 ERIC DRIVE  
PALM COAST, FL 32164

**New Principal Place of Business:**

47 OLD KINGS HIGHWAY  
PALM COAST, FL 32164

**Current Mailing Address:**

P O BOX 1731  
BUNNELL, FL 321101731

**New Mailing Address:**

**FEI Number:** 59-6200392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, JOHN C  
97 ERIC DRIVE  
PALM COAST, FL 32164 US

**Name and Address of New Registered Agent:**

REESE, EDWARD  
28 ASHBURY LN  
FLAGLER BEACH, FL 32136 US

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: EDWARD REESE

04/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CMDR  
Name: HENENLOTTER, WM  
Address: 21 FERNHAM LN  
City-St-Zip: PALM COAST, FL 321378105

Title: FNOF  
Name: EDWARD, REESE  
Address: 28 ASHBURY LN  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VCDR  
Name: HAYES, CHARLES  
Address: 65 EAGLE HARBOR TRAIL  
City-St-Zip: PALM COAST, FL 32164

Title: JADV  
Name: SMITH, OMER G  
Address: 7 WATERMILL PL  
City-St-Zip: PALM COAST, FL 32164

I hereby 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 all other like empowered.

SIGNATURE: EDWARD REESE

FNOF

04/01/2011

Electronic Signature of Signing Officer or Director

Date