



**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/8

FILED
Jun 11, 2003 8:00 am
Secretary of State

05-08-2003 90160 008 ****61.25

| | | | | | |
|--|------------------------|--|--|---|---|
| DOCUMENT # N44455 | | | |  | |
| 1. Entity Name THE FLAGLER AUDITORIUM GOVERNING BOARD, INC. | | | | | |
| Principal Place of Business THE FLAGLER COUNTY SCHOOL BOARD STATE ROAD 100 BUNNELL FL 32110 | | | Mailing Address FLAGLER CO. SCHOOL BOARD P.O. BOX 755 BUNNELL FL 32110 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3079371 | |
| Zip | | Country | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CHIUMENTO, MICHAEL D. 4 OLD KINGS ROAD NORTH PALM COAST FL 32137 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P | <input checked="" type="checkbox"/> Delete | TITLE P | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VEGA, JOHN | | NAME | Henderson, Belinda D | |
| STREET ADDRESS | 11 CAYUGA COURT | | STREET ADDRESS | 44 Buttermill Drive | |
| CITY-ST-ZIP | PALM COAST FL 32137 | | CITY-ST-ZIP | Palm Coast, FL 32137 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE D | President-Elect | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HELM, CHARLES | | NAME | Helm, Charles D | |
| STREET ADDRESS | 5301 JOHN ANDERSON HWY | | STREET ADDRESS | 5301 John Anderson Hwy | |
| CITY-ST-ZIP | FLAGLER BEACH FL 32136 | | CITY-ST-ZIP | Flagler Beach, FL 32136 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE V | Vice-President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENDERSON, BELINDA | | NAME | Levy, Arnold D | |
| STREET ADDRESS | 44 BUTTERMILL DRIVE | | STREET ADDRESS | 7 Cotton Court | |
| CITY-ST-ZIP | PALM COAST FL 32137 | | CITY-ST-ZIP | Palm Coast, FL 32137 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE S | Secretary | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRUBE, JOAN | | NAME | Alleman, Beverly D | |
| STREET ADDRESS | 77 EAGLE HARBOR TR | | STREET ADDRESS | 13 Anastasia Court | |
| CITY-ST-ZIP | PALM COAST FL 32164 | | CITY-ST-ZIP | Palm Coast, FL 32137 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE T | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DICKSON, DAVE | | NAME | Marcussen, Jack D | |
| STREET ADDRESS | 125 WOODHAVEN DRIVE | | STREET ADDRESS | 68 Lynbrook Drive | |
| CITY-ST-ZIP | PALM COAST FL 32137 | | CITY-ST-ZIP | Palm Coast, FL 32137 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARCUSSEN, JACK K | | NAME | | |
| STREET ADDRESS | 68 LYNBROOK DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM COAST FL 32137 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments. | | | | | |
| SIGNATURE:  | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> | | | | | |
| <small>Daytime Phone #</small> | | | | | |

JUN 11 2003



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)