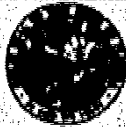


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra G. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 10:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N93000002308 (5)

1. Corporation Name

FLAGLER COUNTY CITIZENS' LEAGUE, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 351148
PALM COAST FL 32135-1148**

**P.O. BOX 351148
PALM COAST FL 32135-1148**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1993

3a. Date of Last Report

06/21/1994

4. FEI Number

59-3197986

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARIER, RICHARD
172 BEECHWOOD LANE
PALM COAST FL 32137**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MARIER, RICHARD
STREET ADDRESS	172 BEECHWOOD LANE
CITY-ST-ZIP	PALM COAST FL
TITLE	VD
NAME	GRADY, WILLIAM
STREET ADDRESS	20 BARBERA LANE
CITY-ST-ZIP	PALM COAST FL
TITLE	TD
NAME	LAWLESS, WILLIAM E.
STREET ADDRESS	14 CONTEE COURT
CITY-ST-ZIP	PALM COAST FL
TITLE	SD
NAME	TANDY, JOAN
STREET ADDRESS	4 BRISTOL LANE
CITY-ST-ZIP	PALM COAST FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	SIEGEL, DAVID	
1.3 STREET ADDRESS	P.O. Box 0341	
1.4 CITY-ST-ZIP	PALM COAST FL 32135	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	SMITH, VERNON	
2.3 STREET ADDRESS	P.O. Box 1155	
2.4 CITY-ST-ZIP	PALM COAST FL 32135	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	GRADY, WILLIAM	
3.3 STREET ADDRESS	2573 LAKE SHORE DRIVE	
3.4 CITY-ST-ZIP	FLAGLER BEACH FL 32136	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William A. Grady

WILLIAM A. GRADY

Date

1-25-95 (904) 439 4705

Daytime Phone