FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MARIER, RICHARD
172 BEECHWOOD LANE
PALM COAST FL 32137

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MARIER, RICHARD	1.2 NAME	SIEGEL, DAVID	
STREET ADDRESS	172 BEECHWOOD LANE	1.3 STREET ADDRESS	P.O. Box 0341	
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	PALM COAST FL. 32135	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	GRADY, WILLIAM	2.2 NAME	SMITH, VERNON	
STREET ADDRESS	20 BARBERA LANE	2.3 STREET ADDRESS	P.O.Box 1155	
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	TD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	LAWLESS, WILLIAM E.	3.2 NAME	GRADY, WILLIAM	
STREET ADDRESS	14 CONTEE COURT	3.3 STREET ADDRESS	2573 LAKE SHORE DRIVE	
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	TANDY, JOAN	4.2 NAME		
STREET ADDRESS	4 BRISTOL LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 617, 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 1-25-95 (904)439 4705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #