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Mar 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mogham  
Secretary of State  
DIVISION OF CORPORATIONS

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



3. Date Incorporated or Qualified  
05/20/1993

3a. Date of Last Report  
04/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-3197986

Applied For  
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

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

24 25 29 30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME JONES, ALBERT F.P.  
STREET ADDRESS P.O. BOX 0341 NA  
CITY-ST-ZIP PALM COAST FL

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME JONES, ALBERT F.P.  
1.3 STREET ADDRESS 2. WINGATE PL  
1.4 CITY-ST-ZIP PALM COAST FL 32135

TITLE VD ☐ DELETE  
NAME SMITH, VERNON  
STREET ADDRESS P.O. BOX 1155  
CITY-ST-ZIP PALM COAST FL

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME SMITH, VERNON  
2.3 STREET ADDRESS 29 COOPER LN  
2.4 CITY-ST-ZIP PALM COAST FL 32135

TITLE TD ☒ DELETE  
NAME GRADY, WILLIAM  
STREET ADDRESS 2573 LAKE SHORE DRIVE  
CITY-ST-ZIP FLAGLER BEACH FL

3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME GRADY, WILLIAM  
3.3 STREET ADDRESS 7 KANNAPOLIS PL  
3.4 CITY-ST-ZIP PALM COAST FL 32164

TITLE SD ☐ DELETE  
NAME TANDY, JOAN  
STREET ADDRESS 4 BRISTOL LANE  
CITY-ST-ZIP PALM COAST FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-17-97 (904) 437-1315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8002811

CR2E037 (9/96)