

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90175 028 \*\*\*\*70.00

**DOCUMENT # N98000002537**

1. Entity Name  
ARC ANGELS OF FLAGLER, INC.



Principal Place of Business

1202 E MOODY BLVD  
BUNNELL, FL 32110

Mailing Address

P.O. BOX 2156  
FLAGLER BEACH, FL 32136

**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3509395

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LOPEZ, KATHRYN A  
1202 E MOODY BLVD  
BUNNELL, FL 32110

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SMITH, WILLIAM T  
STREET ADDRESS 34 WESTCHESTER LANE  
CITY-ST-ZIP PALM COAST, FL 32164

TITLE VP  
NAME SEPE, NICK  
STREET ADDRESS 93 EASTWOOD DR.  
CITY-ST-ZIP PALM COAST, FL 32164

TITLE ST  
NAME KENNEDY, TIM  
STREET ADDRESS 249 PARKVIEW DR.  
CITY-ST-ZIP PALM COAST, FL 32164

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 empowered.

**SIGNATURE:**

*Kathryn A. Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kathryn A. Lopez**  
Executive Director

1/24/2005 386-437-2665

Date

Daytime Phone #