

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

2/3

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90036 045 \*\*\*\*61.25

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
109 N. CENTRAL AVENUE  
FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name Lopez, Kathryn A.  
Street Address (P.O. Box Number is Not Acceptable)  
1202 E. Moody Blvd.  
City Bunnell FL Zip Code 32110

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, LEVINE	
STREET ADDRESS	14 CLEMENTON LANE	
CITY-ST-ZIP	PALM COAST FL 32184	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PACE, VINCENT	
STREET ADDRESS	13 AUDUBON COURT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CLARLTON, VERA	
STREET ADDRESS	150 WELLINGTON DRIVE	
CITY-ST-ZIP	PALM COAST FL 32184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Stetler	
STREET ADDRESS	461 W. 19th St.	
CITY-ST-ZIP	Flagler Beach, Fl. 32136	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vera Charlton	
STREET ADDRESS	150 Wellington Dr.	
CITY-ST-ZIP	Palm Coast, Fl. 32164	
TITLE	Sec. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Parsons	
STREET ADDRESS	1440 S. Flagler Ave.	
CITY-ST-ZIP	Flagler Beach, Fl. 32136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)