

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005104

FILED
Apr 30, 2007
Secretary of State

Entity Name: FLAGLER BEACH SCENIC HIGHWAY COMMUNITY ADVOCACY GROUP INC.

Current Principal Place of Business:

306 S OCEANSHORE BLVD
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

306 S OCEANSHORE BLVD
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 59-3600691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAYER, DENNIS K
306 S OCEANSHORE BLVD
P O BOX 1505
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

BAYER, DENNIS K
306 S OCEANSHORE BLVD
FLAGLER BEACH, FL 32136 US

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.

SIGNATURE: _____

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PUTNAM, SHIRLEY
Address: 23 AUDUBON LANE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VPD () Delete
Name: RUZECKI, MARY ANN
Address: 1100 S CENTRAL AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: PD () Delete
Name: HELM, CHARLES
Address: P O BOX 328
City-St-Zip: FLAGLER BEACH, FL 32136

Title: TD () Delete
Name: SHEEHAN, THOMAS P
Address: 201 S CENTRAL AVE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: SD () Delete
Name: FEIND, KATHY
Address: PO BOX 664
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M. HELM

P/D

04/30/2007

Electronic Signature of Signing Officer or Director

Date