

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02596

Entity Name: FLAGLER HEALTH CARE FOUNDATION, INC.

FILED
Mar 20, 2020
Secretary of State
3013687989CC

Current Principal Place of Business:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

Current Mailing Address:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086 US

FEI Number: 59-2440537

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HURLEY, JEFFREY
400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name BAILEY, MARK
Address 1200 PLANTATION ISLAND DRIVE,
SUITE 210
City-State-Zip: SAINT AUGUSTINE FL 32080

Title D
Name MATUZA, RAY
Address 181 INLET DRIVE
City-State-Zip: ST. AUGUSTINE FL 32084

Title D
Name BOLES, JANE
Address 401 ARREDONDO AVENUE
City-State-Zip: ST. AUGUSTINE FL 32086

Title SECRETARY
Name BROWN, SUZANNE
Address 3570 HIGHWAY A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32086

Title CHAIRMAN
Name COOPER, BRAD
Address 165 INLET DRIVE
City-State-Zip: ST. AUGUSTINE FL 32084

Title VC
Name DIFEO, ANDREW
Address 2898 US HWY 1 S
City-State-Zip: ST. AUGUSTINE FL 32086

Title D
Name KAUTTU, MELISSA
Address 1510 NORTH PONCE DE LEON
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR
Name GROBMAN, MICHELLE
Address 273 FIDDLERS POINT DRIVE
City-State-Zip: ST. AUGUSTINE FL 32084

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I hereby 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 all other like empowered.

SIGNATURE: JASON BARRETT

PRESIDENT

03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOCKE, MARY DR.
Address 400 HEALTH PARK BLVD
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name PYLE, CLINT
Address 400 HEALTH PARK BLVD
City-State-Zip: ST. AUGUSTINE FL 32086

Title PRESIDENT
Name BARRETT, JASON
Address 400 HEALTH PARK BLVD
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name OXFORD, GREGORY DR.
Address 400 HEALTH PARK BLVD
City-State-Zip: ST. AUGUSTINE FL 32086

Title TREASURER
Name MARSH, MURRAY S JR.
Address 400 HEALTH PARK BLVD
City-State-Zip: ST. AUGUSTINE FL 32086