

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012002

Entity Name: FLAG WORKS, INC.**Current Principal Place of Business:**6459 CAVALCADE TRAIL
TALLAHASSEE, FL 32309**Current Mailing Address:**2910 KERRY FOREST PARKWAY
#D4-388
TALLAHASSEE, FL 32309 US**FEI Number:** 20-3881141**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BESSE, TERI
6459 CAVALCADE TRAIL
TALLAHASSEE, FL 32309 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 DIRECTOR
Name EIGEN, SUSAN
Address 610 PRINCE AVENUE
City-State-Zip: TIFTON GA 31793

Title CHAIR
Name GARRIS, SHERRY
Address 7330 PANOLA ROAD
City-State-Zip: PINEWOOD SC 29125

Title DIRECTOR
Name TURNIPSEED, SHERRI
Address USFDA-ANIMAL DRUGS RESEARCH
CENTER
DENVER FEDERAL CENTER
City-State-Zip: DENVER CO 80225

Title DIRECTOR
Name COCHRAN, JACK
Address 245 FALLING STAR LANE
City-State-Zip: GEORGETOWN TX 78628

Title DIRECTOR
Name WONG, JON
Address 5100 PAINT BRANCH PARKWAY
City-State-Zip: COLLEGE PARK MD 20740

Title TREASURER
Name COOK, JOANNE
Address 301 CIRCLE DRIVE
City-State-Zip: VENICE FL 34285

Title EXECUTIVE DIRECTOR
Name BESSE, TERI
Address 6459 CAVALCADE TRAIL
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name KOWALKSI, JULIE
Address 16801 E MISSION PKWY APT M308
City-State-Zip: SPOKANE VALLEY WA 99216

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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: TERI BESSE**EXECUTIVE DIRECTOR****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HIRD, SIMON
Address STAMFORD AVENUE, ALTRINCHAM ROAD
City-State-Zip: WILMSLOW CHESHIRE UK OC

Title DIRECTOR
Name EITZER, BRIAN
Address 123 HUNTINGTON STREET
City-State-Zip: NEW HAVEN CT 06511