

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010370

FILED
Mar 22, 2017
Secretary of State
CC3554571569

Entity Name: FLAGLER COUNTY HORSESHOE PITCHING CLUB INC.

Current Principal Place of Business:

1250 SOUTH OLD .DIXIE HWY
BUNNELL, FL 32110

Current Mailing Address:

26 PORCUPINE DR.
PALM COAST, FL 32164 US

FEI Number: 46-1315141

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTON, JOSEPH G.
26 PORCUPINE DR.
PALM COAST, FL 32164 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: JOSEPH G. NORTON

03/22/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HAWES, HOWARD
Address PO BOX 423
City-State-Zip: BUNNELL FL 32110

Title SECRETARY
Name RHEEM, RICHARD
Address 3 ZEBU PLACE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name COLIN, MACLEOD
Address 16 BEAUMONT LANE
City-State-Zip: FLAGLER BEACH FL 32110

Title DIRECTOR
Name STUDNICKI, ELAINE
Address 93 LAKE FOREST PL>
City-State-Zip: PALM COAST FL 32137

Title 2ND VP
Name EGAN, SANDRA
Address 157 SEA HAWK DRIVE
City-State-Zip: DAYTONA BEACH FL 32119

Title 1ST VP, CFO
Name MEYER, ALLAN
Address 4316 BUTTERNUT AVE.
City-State-Zip: BUNNELL FL 32110

Title PRESIDENT
Name NORTON, JOSEPH G.
Address 26 PORCUPINE DR.
City-State-Zip: PALM COAST FL 32164

Title TREASURER
Name MILLEN, LARRY
Address 71 PINE FOREST CIRCLE
City-State-Zip: BUNNELL FL 32110

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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: JOSEPH G. NORTON

PRESIDENT

03/22/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WINGARD, DAVID
Address 165 HERITAGE CIRCLE
City-State-Zip: ORMOND BEACH FL 32174