

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44455

Entity Name: THE FLAGLER AUDITORIUM GOVERNING BOARD, INC.

FILED
Apr 04, 2016
Secretary of State
CC1053061392

Current Principal Place of Business:

THE FLAGLER COUNTY SCHOOL BOARD
5500 EAST HIGHWAY 100
PALM COAST, FL 32164

Current Mailing Address:

FLAGLER CO. SCHOOL BOARD
P.O. BOX 755
BUNNELL, FL 32110

FEI Number: 59-3079371

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAVIN, KRISTY
315 S. MAIN STREET
STE 300
JACKSONVILLE, FL 32207 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 TD
Name CARNEY, KIM M
Address 604 SPRINGDALE DR
City-State-Zip: FLAGLER BEACH FL 32136

Title VPD
Name ALLEMAN, BEVERLY
Address 2 LA COSTA PL
City-State-Zip: PALM COAST FL 32137

Title VPD
Name HELM, CHARLES
Address PO 338
City-State-Zip: FLAGLER BEACH FL 32136

Title PD
Name STETLER, MARY
Address 461 NORTH 10TH STREET
City-State-Zip: FLAGLER BEACH FL 32136

Title VP
Name RYAN, WILLIAM
Address 43 ELDER DRIVE
City-State-Zip: PALM COAST FL 32164

Title PRESIDENT
Name HAMILTON, RICHARD
Address 98 ISLAND ESTATES PKWY
City-State-Zip: PALM COAST FL 32137

Title SECRETARY
Name MEYER, DEBBY
Address 106 HERNANDEZ AVE
City-State-Zip: PALM COAST FL 32137

Title VP
Name SCHWALB, JOEL
Address 27 LAKE SUCCESS DR
City-State-Zip: PALM COAST FL 32137

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: KIM CARNEY

TREASURER

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date