

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44455

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC5983704831**

**Entity Name:** THE FLAGLER AUDITORIUM GOVERNING BOARD, INC.

**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  
FLAGLER CO. SCHOOL BOARD  
P.O. BOX 755  
BUNNELL, FL 32110 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 ALTER, LAURIE  
Address 6 INDIAN MOUND CT  
City-State-Zip: FLAGLER BEACH FL 32136

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

Title PD  
Name CARNEY, KIM  
Address 2001 PALM DRIVE  
UNIT D104  
City-State-Zip: FLAGLER BEACH FL 32136

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

Title VP  
Name STETLER, MARY  
Address POBOX 1044  
City-State-Zip: FLAGLER BEACH FL 32136

Title SECRETARY  
Name MEYER, DEBBY  
Address 1620 S OCEANSHORE BLVD  
City-State-Zip: FLAGLER BEACH FL 32136

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

Title VP  
Name SIEPIETOSKI, SANDRA  
Address 172 LOOKOUT DRIVE  
City-State-Zip: FLAGLER BEACH FL 32136

*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**

**PRESIDENT**

**04/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date