



# Parks and Recreation Advisory Board

Meeting Location:  
Government Services Building, First Floor Conference Room  
1769 E Moody Blvd, Bunnell, FL 32110

## Regular Meeting Agenda Wednesday, September 27, 2023 at 10:00 AM

- 1) Call Meeting to order - Roll Call
- 2) Pledge of Allegiance – Moment of Silence
- 3) Review : June 28<sup>th</sup>, 2023 meeting minutes
- 4) Consent Agenda
  - a) Requests for Use:
    - i) 10/28/2023 Beach Clean up – River to Sea
    - ii) 11/10/2023 First Baptist Christian Academy Student Dance – Haw Creek CC
    - iii) 12/23/2023 Grace Tabernacle Santa Run – Hidden Trails CC
  - b) Fee Waiver Requests:
    - i) 10/28/2023 Beach Clean up – River to Sea
    - ii) 11/10/2023 First Baptist Christian Academy Student Dance – Haw Creek CC
    - iii) 12/23/2023 Grace Tabernacle Santa Run – Hidden Trails CC
  - c) Update on Fee Waiver Schedule Proposal
- 5) Staff Comments
- 6) Committee Comments
- 7) Public Comment
- 8) Adjourn meeting

PLEASE TAKE NOTICE THAT INDIVIDUAL COMMISSIONERS OF THE BOARD OF COUNTY COMMISSIONERS MAY ATTEND THIS MEETING. THE COMMISSIONERS, WHO ATTEND, WILL NOT TAKE ANY ACTION OR TAKE ANY VOTE AT THIS MEETING.

THIS IS NOT AN OFFICIAL MEETING OF THE BOARD OF COUNTY COMMISSIONERS OF FLAGLER COUNTY. THIS NOTICE IS BEING PROVIDED TO MEET THE SPIRIT OF THE SUNSHINE LAW TO INFORM THE PUBLIC THAT COMMISSIONERS MAY BE PRESENT AT THESE DISCUSSIONS.

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, PERSONS NEEDING ASSISTANCE TO PARTICIPATE IN THIS MEETING SHOULD CONTACT THE NUMBER LISTED ABOVE AT LEAST 48 HOURS PRIOR TO THE MEETING.

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Andy Dance  
District 1

Greg Hansen  
District 2

David Sullivan  
District 3

Leann Pennington  
District 4

Donald O'Brien Jr.  
District 5



# Parks and Recreation Advisory Board

Meeting Location:  
Government Services Building, First Floor Conference Room  
1769 E Moody Blvd, Bunnell, FL 32110

## Regular Meeting Agenda Wednesday, June 28, 2023 at 10:00 AM

### 1) Roll Call 10:00am

**Attended:** Arnold Levine, Reginald Kirven, Michael Dembosz, Arthur Kuepper, Robert Knapp, Gary Johnson, Charles Cowart

### 2) Pledge of Allegiance/Moment of Silence

### 3) Review and Approval of Minutes: May 25, 2023, minutes

**Motion by:** Arthur Kuepper

**Motion 2 by:** Robert Knapp

**Vote:** approved 7-0

### 4) Consent Agenda

#### a) Requests for Use:

- i) 6.13.2023 Recovery Church - Hidden Trails
- ii) 8.25-26.2023 12th Annual Spikes and Spurs - Fairgrounds
- iii) 9.09.2023 NLA Booster Club - Cattleman's Hall
- iv) 7.14.2023 Cannafest - Hammock CC

**Motion by:** Robert Knapp

**Motion 2 by:** Michael Dembosz

**Vote:** approved 7-0

#### b) Fee Waiver Requests:

- 1) 6.13.2023 Recovery Church - Hidden Trails
- 2) 8.25-26.2023 12th Annual Spikes and Spurs - Fairgrounds
- 3) 9.09.2023 NLA Booster Club - Cattleman's Hall
- 4) 7.14.2023 Cannafest - Hammock CC

**Motion by:** Arthur Kuepper

**Motion 2 by:** Robert Knapp

**Vote:** approved by 7-0

[Type here]

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District 5

**5) Discussion of Fee Waivers and Deposits**

- Frank spoke about the confusions about Fee Waivers and Security Deposit Waivers. Looking to clarify that when Fee Waiver is voted on and passed this does not include Security Deposit(s) Board has asked for more information with what is states on website. Moved to table this until Junes Meeting, Frank to bring to board more information.

**Motion by: Robert Knapp**

**Motion 2 by: Arthur Kuepper**

**Vote: Approved 7-0**

**6) Staff Comments**

**Frank Barbuti**

**7) Board Comments:**

Arthur Kuepper asked for updates on three past board actions (Smoking in Flagler County Parks, E Bikes, And Old Coast Guard Road. Frank said he would follow up for June’s meeting.

Charles Cowart spoke about Churches and their Tax-Exempt status, trumping a need for a 501C3.

**8) Public Comment:**

**Mike Desroches Spirit Life Worship Church visiting.**

**9) Adjournment 11:08 pm**

**Motion: by: Robert Knapp**

**Motion: 2 by: Arthur Kuepper**

**Vote: Approved 7-0**

[Type here]

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[Type here]

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**District 5**





# SPECIAL EVENTS REVIEW

## SPECIAL EVENT CHECKLIST *(Must accompany application)*

### SITE PLAN MUST SHOW THE FOLLOWING:

*LOCATION OF ALL STRUCTURES WITH RESPECT TO THE EXISTING BUILDINGS, PROPERTY LINES, ROADS AND WALKWAYS TO INCLUDE:*

<input type="checkbox"/>	Tents/detail description of size/state if fully or partially enclosed	<input type="checkbox"/>	Bandstands/include all electrical hookups
<input type="checkbox"/>	Grandstands/size/capacity	<input type="checkbox"/>	Refreshment stands / tables
<input type="checkbox"/>	Vendor booths/size and description of booths	<input type="checkbox"/>	Speakers / hook up location(s)
<input type="checkbox"/>	Restrooms/include number of handicap available	<input type="checkbox"/>	Support vehicle locations and number of vehicles
<input type="checkbox"/>	Portable toilets/number/location	<input type="checkbox"/>	Vendor parking location(s)
<input type="checkbox"/>	Signs/Banners (may require sign permit)	<input type="checkbox"/>	Sponsor/entertainment parking location(s)
<input type="checkbox"/>	Public parking area(s) / include handicap spaces / numbers	<input type="checkbox"/>	Garbage / waste disposal location(s)

### MISCELLANEOUS

	Comments		
Outdoor Vehicular or Pedestrian Traffic Control		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire and Emergency Medical Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Law Enforcement Onsite		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weather Trigger Point (5 miles)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stages or Tents to be Erected		<input type="checkbox"/> Yes	<input type="checkbox"/> No
State or Federal License(S)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indemnifications or Liability Insurance		<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Additional information consideration:

Applicant Signature 	Date:
Co-Applicant Signature	Date:

# SPECIAL EVENTS REVIEW APPLICATION



**Administration**  
1769 E. Moody Blvd Bldg 2  
Bunnell, FL 32110

FOR USE WHEN  
COUNTY FACILITY, COUNTY SPONSORED OR CO-SPONSORED EVENT

## CONTACT INFORMATION

Name of Primary Contact Person: Karole Hernandez	
Primary Address: 201 E. Moody Blvd Bunnell FL 32110	
Primary Phone Number/email address: Khernandez@Crusadersonline.org	Applicant Status: <input type="checkbox"/> County Facility <input checked="" type="checkbox"/> Sponsor <input type="checkbox"/> Co-Sponsor
Onsite Contact's Name: Karole Hernandez	Onsite Contact's Number: 386-589-5566

## SPECIAL EVENT DETAILS

Name of Event/Activity: Student Dance	
Is the event sponsored or co-sponsored by Flagler County? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Event: HAW CREEK COM. CENTER	
Date(s) of Event: Nov 10 2023	Hours of Operation: 10 am - 10 pm
Property Owner's Name:	
Expected Event Maximum Occupancy: 50-75	Number of Persons Involved:

The event will include (Check All That Apply):	<input type="checkbox"/> Food or beverage sold	<input type="checkbox"/> Alcohol used/served/sold
	<input type="checkbox"/> Merchandise sold	<input checked="" type="checkbox"/> Amplified sound / Live band(s)
	<input checked="" type="checkbox"/> Prepared or cooked food	<input type="checkbox"/> Sign or banner advertisement
	<input type="checkbox"/> Fireworks / Fire or Chemical Hazards	<input checked="" type="checkbox"/> Private Security

### Description of Event:

This will be our fall dance, put on for the students in 9-12 grade by the Student Government.

# SPECIAL EVENTS REVIEW



## SPECIAL EVENT CHECKLIST *(Must accompany application)*

**SITE PLAN MUST SHOW THE FOLLOWING:**  
*LOCATION OF ALL STRUCTURES WITH RESPECT TO THE EXISTING BUILDINGS, PROPERTY LINES, ROADS AND WALKWAYS TO INCLUDE:*

<input type="checkbox"/> Tents/detail description of size/state if fully or partially enclosed	<input type="checkbox"/> Bandstands/include all electrical hookups
<input type="checkbox"/> Grandstands/size/capacity	<input type="checkbox"/> Refreshment stands / tables
<input type="checkbox"/> Vendor booths/size and description of booths	<input type="checkbox"/> Speakers / hook up location(s)
<input type="checkbox"/> Restrooms/include number of handicap available	<input type="checkbox"/> Support vehicle locations and number of vehicles
<input type="checkbox"/> Portable toilets/number/location	<input type="checkbox"/> Vendor parking location(s)
<input type="checkbox"/> Signs/Banners (may require sign permit)	<input type="checkbox"/> Sponsor/entertainment parking location(s)
<input type="checkbox"/> Public parking area(s) / include handicap spaces / numbers	<input type="checkbox"/> Garbage / waste disposal location(s)

MISCELLANEOUS			
	Comments		
Outdoor Vehicular or Pedestrian Traffic Control		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fire and Emergency Medical Services		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Law Enforcement Onsite		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Weather Trigger Point (5 miles)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Stages or Tents to be Erected		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State or Federal License(S)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Indemnifications or Liability Insurance		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Additional information consideration:**

Applicant Signature 	Date: <span style="font-size: 1.5em; font-family: cursive;">9-13-2023</span>
Co-Applicant Signature	Date:



# SPECIAL EVENTS REVIEW APPLICATION



**Administration**  
 1769 E. Moody Blvd Bldg 2  
 Bunnell, FL 32110

FOR USE WHEN  
 COUNTY FACILITY, COUNTY SPONSORED OR CO-SPONSORED EVENT

## CONTACT INFORMATION

Name of Primary Contact Person: <i>Terri Price</i>	
Primary Address: <i>1292 Sherwood St Bunnell, FL 32110</i>	
Primary Phone Number/email address: <i>386-503-2052 - Terri Price 1960@gmail</i>	Applicant Status: <input type="checkbox"/> County Facility <input type="checkbox"/> Sponsor <input type="checkbox"/> Co-Sponsor
Onsite Contact's Name: <i>Same</i>	Onsite Contact's Number: <i>Same</i>

## SPECIAL EVENT DETAILS

Name of Event/Activity: <i>SANTA RUN</i>	
Is the event sponsored or co-sponsored by Flagler County? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location of Event: <i>Hidden Trails Park</i>	
Date(s) of Event: <i>Dec 23, 2023</i>	Hours of Operation: <i>10am - 10pm</i>
Property Owner's Name:	
Expected Event Maximum Occupancy: <i>Approx 200</i>	Number of Persons Involved: <i>Approx 20</i>

<b>The event will include</b> <i>(Check All That Apply):</i>	<input type="checkbox"/> Food or beverage sold	<input type="checkbox"/> Alcohol used/served/sold
	<input type="checkbox"/> Merchandise sold	<input type="checkbox"/> Amplified sound / Live band(s)
	<input checked="" type="checkbox"/> Prepared or cooked food <i>COOKIES + DRINK</i>	<input type="checkbox"/> Sign or banner advertisement
	<input type="checkbox"/> Fireworks / Fire or Chemical Hazards	<input type="checkbox"/> Private Security

**Description of Event:**  
*Santa arrives on sleigh  
 Kids 12 and under get gifts - candy - toys etc.*



# SPECIAL EVENTS REVIEW

## SPECIAL EVENT CHECKLIST *(Must accompany application)*

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Indemnifications or Liability Insurance		<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Additional information consideration:

Applicant Signature	Date:
Co-Applicant Signature	Date:





THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED  
PRIMARY AND NON-CONTRIBUTORY  
ENDORSEMENT FOR PUBLIC ENTITIES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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**SCHEDULE**

**Name of Person or Organization:**

**Flagler Co Bocc  
1769 E. Moody Blvd. , Bunnell, FL 32110**

**A. Section II – WHO IS AN INSURED** is amended to include:

4. Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by:
- Your negligent acts or omissions; or
  - The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

**B. Section III – LIMITS OF INSURANCE** is amended to include:

8. The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.

**C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is replaced by the following:

**4. Other Insurance**

**a. Primary Insurance**

This insurance is primary if you have agreed in a written contract or written agreement:

- (1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c.** below; or

- (2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

**b. Excess Insurance**

This insurance is excess over:

1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion **g.** of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.**
  - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

**c. Methods of Sharing**

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 13 2017

SOL MARGIN FISHING AND CONSERVATION  
FOUNDATION INC  
2220 CR 210 W SUITE 108 PMB 204  
SAINT JOHNS, FL 32259-0000

Employer Identification Number:  
81-4860257  
DLN:  
26053409003817  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
January 01, 2017  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

SOL MARGIN FISHING AND CONSERVATION

Sincerely,

A handwritten signature in dark ink, appearing to read "Jeffrey I. Cooper". The signature is stylized and cursive, with a prominent initial "J" and a long horizontal stroke at the end.

Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements



**Parks & Recreation**

1769 E. Moody Blvd Bldg 5  
Bunnell, FL 32110



[www.flaglercounty.gov](http://www.flaglercounty.gov)

Phone: (386)313-4020

Fax: (386)313-4120

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**Fundraiser/Fee Waiver Application**

Name of Organization First Baptist Christian Academy

Non-profit?  yes  No \*If yes, please provide a copy 501c

Primary Contact Karole Hernandez

Address 201 E. Moody Blvd, Bunnell FL 32110

Phone # 386-446-0094

Type of Activity Student Dance

Date(s) Requested Nov 10, 2023

Location HAW CREEK COM. CENTER

Charity Receiving Funds N/A

Percentage of Proceeds going to Charity N/A

Amount of Funds Collected N/A

**A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.**

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District 5



## Consumer's Certificate of Exemption

DR-14  
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8013887262C-4	05/17/2022	05/31/2027	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

FIRST BAPTIST CHURCH OF PALM COAST  
CHRISTIAN SCHOOL INC  
201 E MOODY BLVD  
BUNNELL FL 32110-5903

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

**Parks & Recreation**  
1769 E. Moody Blvd Bldg 5  
Bunnell, FL 32110



[www.flaglercounty.org](http://www.flaglercounty.org)  
Phone: (386)313-4020  
Fax: (386)313-4120

**Fee Waiver Application**

*Pastor Charles SiliANO*

Name of Organization *Sponsored by GRACE Tabernacle Church*

Non-profit?  yes  No \*If yes, please provide a copy  
501c

Primary Contact *Terri Price*

Address *1292 Shepwood St*

Phone # *386-503-2052*

Type of Activity *Meet Santa - Receive gifts - All Free*

Date(s) Requested *Dec 23, 2023*

Location *Hidden Trails Community Park*

Signature *[Handwritten Signature]*

Date *9-13-23*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/08/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Hayward Brown - Flagler, Inc. 3200 E. Moody Blvd. P.O. Box 1669 Bunnell FL 32110	<b>CONTACT NAME:</b> Erin Kelly Sullivan <b>PHONE (A/C, No, Ext):</b> (386) 437-7767 <b>FAX (A/C, No):</b> (386) 437-9226 <b>E-MAIL ADDRESS:</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: GuideOne Insurance</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: GuideOne Insurance		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> Grace Tabernacle Ministries International Inc. PO Box 354528 Palm Coast FL 32135-4528														

**COVERAGES**      **CERTIFICATE NUMBER:** CL239520469      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC. OTHER:		Y	010040971	09/08/2023	09/08/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			010040971	09/08/2023	09/08/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Church Directors and Officers Liability			010040971	09/08/2023	09/08/2024	Each Occurrence 1,000,000 Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> Flagler County Board of County Commissioners 1769 E Moody Blvd Bldg 2 Bunnell FL 32110	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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