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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729251 (9)

1. Corporation Name
THE ARC OF PUTNAM COUNTY, INC.

Principal Place of Business	Mailing Address
1209 WESTOVER DR PALATKA FL 32177-5329	1209 WESTOVER DR PALATKA FL 32177-5329

3. Date Incorporated or Qualified: 04/02/1974

4. FEI Number: 59-1550224 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITTAKER, JIM
1209 WESTOVER DR
PALATKA FL 32077

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TORODE, WILLIAM E.		1.2 NAME	
STREET ADDRESS	257 RIVER DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, CARL		2.2 NAME	
STREET ADDRESS	195 HORSEMANS CLUB ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177		2. 4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DRIGGERS, DOT		3.2 NAME	
STREET ADDRESS	E. RIVER RD, PO BOX 72		3.3 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WESTBURY, RICHARD		4. 2 NAME	
STREET ADDRESS	4801 ST. JOHNS AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VALIQUETTE, HENRY		5.2 NAME	
STREET ADDRESS	RT. 2, BOX 89		5.3 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL		5.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLSON, MARILYN		6.2 NAME	
STREET ADDRESS	RT. 5 BOX 2003		6.3 STREET ADDRESS	
CITY-ST-ZIP	PALATCKA FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WILLIAM E. TORODE

_____ Date _____ Daytime Phone #