

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2004  
Secretary of State**

DOCUMENT# 729251

Entity Name: THE ARC OF PUTNAM COUNTY, INC.

**Current Principal Place of Business:**

1209 WESTOVER DR  
PALATKA, FL 321775329

**New Principal Place of Business:**

**Current Mailing Address:**

1209 WESTOVER DR  
PALATKA, FL 321775329

**New Mailing Address:**

FEI Number: 59-1550224      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WHITTAKER, JIM  
1209 WESTOVER DR  
PALATKA, FL 32077      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TORODE, WILLIAM E.,  
Address: 257 RIVER DR  
City-St-Zip: E PALATKA, FL

Title: TD ( ) Delete  
Name: FLETCHER, CARL  
Address: 195 HORSEMANS CLUB ROAD  
City-St-Zip: PALATKA, FL 32177

Title: SD ( ) Delete  
Name: DRIGGERS, DOT,  
Address: E. RIVER RD, PO BOX 72  
City-St-Zip: E PALATKA, FL

Title: D ( ) Delete  
Name: WESTBURY, RICHARD,  
Address: 4801 ST. JOHNS AVENUE  
City-St-Zip: PALATKA, FL

Title: VD ( ) Delete  
Name: DAVIS, LEANNE  
Address: 792 LAKE SHORE TERR  
City-St-Zip: INTERLACHEN, FL 32148

Title: PD ( ) Delete  
Name: MILLER, MELISSA  
Address: 5001 ST JOHNS AVE  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TORODE, WILLIAM E.,  
Address: PO BOX 801  
City-St-Zip: PALATKA, FL 32178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WESTBURY, RICHARD,  
Address: 286 ROUND LAKE ROAD  
City-St-Zip: PALATKA, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MELISSA MILLER

PD

01/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date