2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 729251

Entity Name: THE ARC OF PUTNAM COUNTY, INC.

Current Principal Place of Business:

1209 WESTOVER DR
PALATKA, FL 321775329 US

New Principal Place of Business:

Current Mailing Address:

1209 WESTOVER DR
PALATKA, FL 321775329 US

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 32177 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:	PO BOX 801	
City-St-Zip:	PALATKA, FL 321780801 US	
Title:	TD	( ) Delete
Name:	FLETCHER, CARL	
Address:	PO BOX 161	
City-St-Zip:	PALATKA, FL 321780161 US	
Title:	SD	( ) Delete
Name:	FLATTER, SHARON	
Address:	104 POINT WEST DRIVE	
City-St-Zip:	PALATKA, FL 32177 US	
Title:	D	( ) Delete
Name:	WESTBURY, RICHARD	
Address:	286 ROUND LAKE ROAD	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated in Chapter 119, 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 04/20/2009
Electronic Signature of Signing Officer or Director — Date