

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 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 # N35848 (3)
 1. Corporation Name
PUTNAM RADIO MINISTRIES, INC.

Principal Place of Business C/O SELLERS, JEFFERY S 3111 ST. JOHNS AVE. PALATKA FL 32177 US	Mailing Address % JERRERY S. SELLERS 3111 ST. JOHNS AVE. PALATKA FL 32177
--	---

3. Date Incorporated or Qualified
12/28/1989

4. FEI Number 59-3009352	Applied For ☐ Not Applicable
------------------------------------	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

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
SELLERS, JEFFERY S.
3111 ST. JOHNS AVE
PALATKA FL 32177

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 *Jeffery S. Sellers* **JEFFERY S. SELLERS, DP** **4/21/98**
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP ☐ DELETE
NAME	SELLERS, JEFF
STREET ADDRESS	3111 ST. JOHNS AVE
CITY-ST-ZIP	PALATKA FL
TITLE	D ☐ DELETE
NAME	FAW, MARTY
STREET ADDRESS	124 ST JOHNS TERRACE W
CITY-ST-ZIP	EAST PALATKA FL
TITLE	DST ☐ DELETE
NAME	HALL, SONNY
STREET ADDRESS	RR 5 BOX 6313
CITY-ST-ZIP	PALATKA FL
TITLE	D ☐ DELETE
NAME	GABORIAU, ANDRE
STREET ADDRESS	PO BOX 2441
CITY-ST-ZIP	PALATKA FL
TITLE	D ☐ DELETE
NAME	RAGANS, GERALD
STREET ADDRESS	3502 KENNEDY STREET
CITY-ST-ZIP	PALATKA FL
TITLE	D ☒ DELETE
NAME	HART, THAD
STREET ADDRESS	RT 2 BOX 152-A
CITY-ST-ZIP	EAST PALATKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D ☒ Change ☐ Addition
2.2 NAME	FAW, MARTY
2.3 STREET ADDRESS	126 ST. JOHNS TERRACE, W.
2.4 CITY-ST-ZIP	EAST PALATKA, FL
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	D
6.3 STREET ADDRESS	HALFORD, DAVID
6.4 CITY-ST-ZIP	RR 5, BOX 730W
	INTERLACIEN, FL 32148

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 in changed, or on an attachment with an address.

SIGNATURE: *Jeffery S. Sellers* **JEFFERY S. SELLERS, DP** **4/21/98**

CR2E037 (10/97)