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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N35848

1. Corporation Name

PUTNAM RADIO MINISTRIES, INC.

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

% JERRERY S. SELLERS 3111 ST. JOHNS AVE. PALATKA FL 32177

FILED Mar 08, 1999 8:00 am § Secretary of State

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|---|--------------------------------------|-------------------------------|------------|---|--|--------------|-------------|--|
| Principal Place of Business | | | | | 3. Date Incorporated or Qualifed | | | |
| 21 | pai Place of Busiless 26 | | | | 12/28/1989 | | . | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 4. FEI Number | Apr | olied For | |
| 22 | 27 | | | 59-3009352 | Not | t Applicable | | |
| City & State City & State | | | | | 5. Certificate of Status Desired | \$8.75 A | | |
| 23 | 28 | | | | or Continuate of Ordinal Estated | Fee Re | quired | |
| Zip | Country | Zip Country | | | 6. Election Campaign Financing | \$5.00 | | |
| 24 | 25 29 30 | | | · | Trust Fund Contribution | Added to | Fees | |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered A | Maur | | |
| | | | | 81 Name | | | | |
| SELLERS, JEFFERY S. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 3111 ST. JOHNS AVE | | | | | | | | |
| PALATKA FL 32177 | | | | 1 _ | | | | |
| | | | 84 | City | FL | 85 Zip C | ode | |
| 11 5 | A. W. anadaiana of Captions 647 0503 | and 617 1609 Elocida Statutos | the abov | o named | | changing its | registered | |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12. | 7,7 | | | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO | R\$ IN 12 | |
| TITLE | DP | ☐ DELETE | 1.1 TITLE | | | Change | ☐ Addition | |
| NAME | SELLERS, JEFF | | 1.2 NAME | | | | | |
| STREET ADDRESS | 3111 ST. JOHNS AVE | | 1.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 1.4 CITY-5 | ST-ZIP | · | | | |
| TITLE | D DELETE 2.1 TI | | 2.1 TITLE | | | Change | ☐ Addition | |
| NAME | FAW, MARTY | | 2.2 NAME | | | | | |
| STREET ADDRESS | 126 ST JOHNS TERR W | | 2.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 2.4 CITY- | | <u> </u> | | | |
| TITLE | DST XX DELETE 3.1 TO | | 3.1 TITLE | | DS. | ☐ Change | XX Addition | |
| NAME | HALL, SONNY | | 3.2 NAME | | MEADE, GRAYSON | | | |
| STREET ADDRESS | RR 5 BOX 6313 | | 3.3 STREE | ET ADDRESS | RT. 5, BOX 505 | | | |
| CITY-ST-ZIP | PALATKA FL | | 3.4. CITY- | ST-ZIP | PALATKA, FL 32177 | Clobana | - Addition | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | | Change | ☐ Addition | |
| NAME | GABORIAU, ANDRE | | 4. 2 NAME | | • | | | |
| STREET ADDRESS | PO BOX 2441 | | | ET ADDRESS | · | | | |
| CITY-ST-ZIP | PALATKA FL | | 4.4 CITY-5 | ST-ZIP | | ☐ Change | Addition | |
| TITLE | | | 5.1 TITLE | | | | | |
| NAME | RAGANS, GERALD | | 5.2 NAME | T ADDRESS | | | | |
| STREET ADDRESS | 3502 KENNEDY STREET | | 5.4 CITY-5 | | | | | |
| CITY-ST-ZIP | ALAINA IL | | 6.1 TITLE | | | Change | Addition | |
| TILE | D | € Nerese | 6.2 NAME | | | | ٠,٠٠٠٠٠٠ | |
| NAME | HALFORD, DAVID | | | ET ADDRESS | | | | |
| STREET ADDRESS | RR 5 BOX 730W | | 0.3 3 I KE | I AUUKESS | | | | |

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 suppliemental 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, with all other like empowered.

SIGNATURE:

esident 2/18/99 (904)325-3334

3R2E037 (11/98)