## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N35848**

1. Entity Name

## PUTNAM RADIO MINISTRIES, INC.



**FILED** Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90092 009 \*\*\*\*61.25

TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	10110111	7.1.5.10 W.						7					
20 S. PALL AVE PRATATA R. 123 77 IS SURVE, ACT V., PROC.   Country   S. Control of Business   Sulfo, Act V., etc.   City & State   City & Sta	Principal Plac	e of Business	3	Maili	ng Address			╡					
Suite. Apt. 4, etc.   Cherck HERE IF MAKING CHANGES   Cherck State   Cherck State   Cherck State   Cherck State   Cherck State   Cherck HERE IF MAKING CHANGES   Indicate For Not Applicable   State Applic	C/O ROBIN TOOLE 201 S. PALM AVE PALATKA FL 32177			2Ó1 : PALA	S. PALM AVE				 				
Cry & State    City & State   City & State   City & State   A. FEI Number 59-3000352   Applied For Not Applicable	2. Principal Place of Business			<b>3.</b> Ma	eiling Address								
Zip Country Zip Country 5. Certificate of Status Desired Status De	Suite, Apt.	#, etc.		s	uite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 AntiSpinal   S8.75 Anti	City & State				City & State			4. FEI Number 5	9-3009352		$\rightarrow$	· · · · · · · · · · · · · · · · · · ·	]
TOOLE, ROBN 201 S. PALM AVE PALATKA FL 32177  8. 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. Tam familiar with, and accept the obligators of registered agent.  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Prush Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  SIRET AUGUSS  TITLE  MARE BADATKA FL 32177  101. DP  GABORIAU, ANDRE GARDRIAU, ANDRE GARDRIAU	Zip Country			z	Zip C		untry	5. Certificate of St	atus Desired		<b>8.75</b> Ad	ditional	1
TOOLE, ROBN 201 S. PALM AWE PALATKA FI. 32177  8. The above named enthy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature		6. Name	and Address of Currer	ıt Register	ed Agent	l	1	7. Name and Add	ress of New Red			<del></del>	1
TOOLE, ROBIN 201 S. PALM AVE PALATKA FL 32177    City   FL   Zip Code			<del>-</del>				Name						1
PALATKA FL 32177  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registanced agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registanced agent.  SIGNATURE  SUpstatus, hybrid or printed name of registened agent and lite (applicable (NOTE Registened Agent signature required when revealing)  DATE  FILE NOW: FEE IS S61.25  9. Election Campaign Financing Added to Fees Parable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME  MEADE, GRAYSON  114 BRANDI LN  SIREET ADDRESS  OITH S1.2P  PALATKA FL 32177  Delete  NAME  GRASON, GERALD  SIREET ADDRESS  OITH S1.2P  PALATKA FL 32177  Delete  NAME  SIREET ADDRESS  OITH S1.2P  PALATKA FL 32177  Delete  NAME  SIREET ADDRESS  OITH S1.2P  PALATKA FL 32177  Delete  NAME  SIREET ADDRESS  OITH S1.2P  PALATKA FL 32177  Delete  NAME  SIREET ADDRESS  OITH S1.2P  PALATKA FL 32177  Delete  NAME  SIREET ADDRESS  OITH S1.2P  OTH S1.2P  PALATKA FL 32177  Delete  NAME  SIREET ADDRESS  OITH S1.2P  OTH S1.2P  Change Addition  NAME  SIREET ADDRESS  OITH S1.2P  OTH S1.2P  Change Addition  Addition  SIREET ADDRESS  OITH S1.2P  OTH S1.2P  Delete  NAME  SIREET ADDRESS  OITH S1.2P  OTH S1.2P  Addition  AME  SIREET ADDRESS  OITH S1.2P  OTH S1.2P  Addition  AME  SIREET ADDRESS  OITH S1.2P  ADDITIONS (CHANGES ADDRESS ADDR	TOOLE, ROBIN				Street Addres			(P.O. Box Number is Not Acceptable)					
City FL Zip Code  8. The acover named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hoped or printed name of registered agent and the f apolicable. (NOTE Registered Agent signature recurred when religiating). DATE    DATE   DA		A FL 32177											
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