

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729251

Entity Name: THE ARC OF PUTNAM COUNTY, INC.**Current Principal Place of Business:**1209 WESTOVER DR
PALATKA, FL 32177-5329**Current Mailing Address:**1209 WESTOVER DR
PALATKA, FL 32177-5329 US**FEI Number:** 59-1550224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITTAKER, JIM
1209 WESTOVER DR
PALATKA, FL 32177 US*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**Officer/Director Detail :**

Title	VD
Name	MERRITT, CATHY
Address	116 HUMMINGBIRD LANE
City-State-Zip:	PALATKA FL 32177

Title	SD
Name	FLATTER, SHARON
Address	104 POINT WEST DRIVE
City-State-Zip:	PALATKA FL 32177

Title	PD
Name	DAVIS, LEANNE
Address	792 LAKE SHORE TERRACE
City-State-Zip:	INTERLACHEN FL 32148

Title	TD
Name	SLOAN, PRESTON B
Address	256 HWY 17 W
City-State-Zip:	PALATKA FL 32178-0161

Title	D
Name	WESTBURY, RICHARD
Address	286 ROUND LAKE ROAD
City-State-Zip:	PALATKA FL 32177

Title	D
Name	MILLER, MELISSA
Address	5001 ST JOHNS AVE
City-State-Zip:	PALATKA FL 32177

I hereby 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 all other like empowered.

SIGNATURE: LEANNE DAVIS

DP

01/31/2014

Electronic Signature of Signing Officer/Director Detail_____
Date