

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701646

FILED
Feb 13, 2009
Secretary of State

Entity Name: PUTNAM COUNTY CHAMBER OF COMMERCE INC

Current Principal Place of Business:

1100 REID STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 550
PALATKA, FL 32178 US

New Mailing Address:

FEI Number: 59-0388995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARSON, CHARLES W., II
1100 REID ST.
PALATKA, FL 321770653 US

Name and Address of New Registered Agent:

LARSON, CHARLES W II
1100 REID ST.
PALATKA, FL 321770653 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: CHARLES W. LARSON II

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DOUGLAS, TAYLOR
Address: 1100 REDI STREET
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: LARSON, CHARLES W., II
Address: 1100 REID ST.
City-St-Zip: PALATKA, FL

Title: D () Delete
Name: MICHAEL, CURTIS
Address: 1501 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MILLER, MELISSA
Address: 5001 ST. JOHNS AVE
City-St-Zip: PALATKA, FL

Title: D () Delete
Name: BOBBY, PAYNE
Address: 890 HWY 17 N
City-St-Zip: PALATKA, FL 32177

Title: T () Delete
Name: STARR, RUSTY
Address: 1825 ST. JOHNS AVE.
City-St-Zip: PALATKA, FL 32112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: NORTHRIP, DIANE
Address: 119 HIGHWAY 17 SOUTH
City-St-Zip: EAST PALATKA, FL 32131

Title: S (X) Change () Addition
Name: LARSON, CHARLES W. I, I
Address: 1100 REID ST.
City-St-Zip: PALATKA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change () Addition
Name: DOUGLAS, TAYLOR
Address: 113 ARDEN DRIVE
City-St-Zip: PALATKA, FL 32177

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: CHARLES W. LARSON II

RA

02/13/2009

Electronic Signature of Signing Officer or Director

Date