

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701845 (0)

1. Corporation Name

COMMITTEE OF 100 OF PUTNAM COUNTY INC

Principal Place of Business

Mailing Address

1100 REID STREET
PALATKA FL 32177-3653PO BOX 550
PALATKA FL 32178-0550
US3. Date Incorporated or Qualified
12/28/19603a. Date of Last Report
06/17/19964. FEI Number
59-0388995Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSON, CHARLES W., II
1100 REID ST
PALATKA FL 32177-0853

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LORENZEN, JOHN
STREET ADDRESS 601 REID ST
CITY-ST-ZIP PALATKA FL

DELETE

TITLE D
NAME EASTERLING, KEN
STREET ADDRESS 200 CATHERINE ST
CITY-ST-ZIP PALATKA FL

DELETE

TITLE T
NAME MILLER, MELISSA
STREET ADDRESS 5001 ST. JOHNS AVE
CITY-ST-ZIP PALATKA FL

DELETE

TITLE S
NAME LARSON, CHARLES W., II
STREET ADDRESS 1100 REID ST
CITY-ST-ZIP PALATKA, FL 00000

DELETE

TITLE P
NAME GARDNER, HOWARD III
STREET ADDRESS 722 RIVER STREET
CITY-ST-ZIP PALATKA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE V/D
1.2 NAME RUSTY STARR
1.3 STREET ADDRESS 1825 St. Johns Ave.
1.4 CITY-ST-ZIP PALATKA, FL 32177

Change Addition

2.1 TITLE
2.2 NAME Tita Smith
2.3 STREET ADDRESS 601 St. Johns Ave
2.4 CITY-ST-ZIP Palatka, FL 32177

Change Addition

3.1 TITLE
3.2 NAME JOHN THOMPSON
3.3 STREET ADDRESS Highway 20
3.4 CITY-ST-ZIP HOLLISTER, FL 32147-0494

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE D
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8003887

CR2E037 (9/96)

1-6-97 904-328-1303