


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90046 011 \*\*\*\*70.00

|   |         |  |         |
|---|---------|--|---------|
| <b>DOCUMENT # 701845</b>  |         |   |         |
| 1. Entity Name<br><b>COMMITTEE OF 100 OF PUTNAM COUNTY INC</b>  |         |  |         |
| Principal Place of Business<br><b>1100 REID STREET<br/>PALATKA FL 32177-3653</b>  |         | Mailing Address<br><b>PO BOX 550<br/>PALATKA FL 32178<br/>US</b>   |         |
| 2. Principal Place of Business  |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.  |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |
| 6. Name and Address of Current Registered Agent<br><b>LARSON, CHARLES W., II<br/>1100 REID ST<br/>PALATKA FL 32177-0653</b> |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |         |



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | VD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DANIEL, KELLY</b>          |  |
| STREET ADDRESS | <b>611 ZEAGLER DRIVE</b>      |  |
| CITY-ST-ZIP    | <b>PALATKA FL 32177</b>       |  |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | <b>THOMPSON, BILL</b>         |  |
| STREET ADDRESS | <b>300 HIGHWAY 19 NORTH</b>   |  |
| CITY-ST-ZIP    | <b>PALATKA FL 32177</b>       |  |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | <b>WOMBLE, JOHN</b>           |  |
| STREET ADDRESS | <b>200 CATHERINE STREET</b>   |  |
| CITY-ST-ZIP    | <b>PALATKA FL 32177</b>       |  |
| TITLE          | S                             | <input type="checkbox"/> Delete            |
| NAME           | <b>LARSON, CHARLES W., II</b> |  |
| STREET ADDRESS | <b>1100 REID ST</b>           |  |
| CITY-ST-ZIP    | <b>PALATKA, FL 00000</b>      |  |
| TITLE          | P                             | <input type="checkbox"/> Delete            |
| NAME           | <b>BATES, BEN</b>             |  |
| STREET ADDRESS | <b>3400 CRILL AVENUE</b>      |  |
| CITY-ST-ZIP    | <b>PALATKA FL 32177</b>       |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>KEN EASTERLING</b>  |
| STREET ADDRESS | <b>1202 CARR STREET</b>  |
| CITY-ST-ZIP    | <b>PALATKA, FL 32177</b>   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Charles W. Larson II* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-22-04 386-328-1503**  
Date Daytime Phone #