

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90009 013 ****70.00

DOCUMENT # 701845

1. Entity Name
COMMITTEE OF 100 OF PUTNAM COUNTY INC



Principal Place of Business

1100 REID STREET
PALATKA, FL 32177-3653

Mailing Address

PO BOX 550
PALATKA, FL 32178 US

40006738



01102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LARSON, CHARLES W., II
1100 REID ST
PALATKA, FL 32177-0653

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	✓D
NAME	EASTERLING, KEN
STREET ADDRESS	1202 CARR ST
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	✓P
NAME	THOMPSON, BILL
STREET ADDRESS	300 HIGHWAY 19 NORTH
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	WOMBLE, JOHN
STREET ADDRESS	200 CATHERINE STREET
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	S
NAME	LARSON, CHARLES W., II
STREET ADDRESS	1100 REID ST
CITY-ST-ZIP	PALATKA, FL 00000,
TITLE	P
NAME	BATES, BEN
STREET ADDRESS	3400 CRILL AVENUE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] - CULANSON II

1-17-05 386-328-1503