


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90007 017 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number NO-T APPLICABLE		Applied For
		Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LARSON, CHARLES W., II 1100 REID ST PALATKA FL 32177-0653		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW. FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DOUGLAS	NAME	
STREET ADDRESS	113 ARDEN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, BILL	NAME	
STREET ADDRESS	300 HIGHWAY 19 NORTH	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMBLE, JOHN	NAME	
STREET ADDRESS	200 CATHERINE STREET	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, CHARLES W., II	NAME	
STREET ADDRESS	1100 REID ST	STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL 00000	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, BOBBY	NAME	PAYNE, BOBBY
STREET ADDRESS	890 HWY 17 W.	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DOUGLAS	NAME	D NORRIS, DIANNE
STREET ADDRESS	113 ARDEN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **CW LARSON II** 1/28/08 386-925-1503