## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701845** 

FILED Feb 13, 2009 Secretary of State

Entity Name: COMMITTEE OF 100 OF PUTNAM COUNTY INC

**Current Principal Place of Business: New Principal Place of Business:** 1100 REID STREET PALATKA, FL 321773653 **Current Mailing Address: New Mailing Address:** PO BOX 550 PALATKA, FL 32178 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TAYLOR, DOUGLAS Name: Name: 113 ARDEN DRIVE Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition THOMPSON, BILL Name: Name: ROBERTS, JOHN Address: 300 HIGHWAY 19 NORTH Address: 102 REID STREET City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177 Title: () Delete Title: (X) Change ( ) Addition WOMBLE, JOHN WOMBLE, JEFF Name: Name: 200 CATHERINE STREET 200 CATHERINE STREET Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177 Title: ( ) Delete Title: () Change () Addition LARSON, CHARLES W.,, II Name: Name: 1100 REID ST Address: Address: City-St-Zip: PALATKA, FL 00000 City-St-Zip: Title: ( ) Delete Title: () Change () Addition PAYNE, BOBBY Name: Name: 890 HWY 17 W. Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition NORHARP, DIANE NORTHRIP, DIANE Name: Name: 113 ARDEN DRIVE Address: Address: 119 HIGHWAY 17 SOUTH PALATKA, FL 32177 EAST PALATKA, FL 32131 City-St-Zip: 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