FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1, AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709229 (9)

1. Corporation Name

PUTNAM-CLAY-FLAGLER ECONOMIC OPPORTUNITY COUNCIL , INC.

Principal Place of Business	Mailing Address
702 N 19TH ST P O BOX 490 PALATKA FL 32178 US	702 N 19TH ST STE C PALATKA FL 32177 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1965
3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-1119871 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BANKS, HARRY H.
940 LAKE ARGENTA DR
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RYLES, MEVLYN	12 NAME	100001481741
STREET ADDRESS	702 N 19TH ST STE. C	13 STREET ADDRESS	-05/09/95--01142--009
CITY-ST-ZIP	PALATKA FL	14 CITY-ST-ZIP	*****11.56 *****11.56
TITLE	PCD	21 TITLE	☐ Change ☐ Addition
NAME	BANKS, HARRY H.	22 NAME	100001481741
STREET ADDRESS	940 LAKE ARGENTA DR	23 STREET ADDRESS	-05/09/95--01142--010
CITY-ST-ZIP	CTESCENT CITY FL	24 CITY-ST-ZIP	*****17.06 *****17.06
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	CUNNINGHAM, ERNESTINE	32 NAME	100001481741
STREET ADDRESS	702 N 19TH ST	33 STREET ADDRESS	-05/09/95--01142--011
CITY-ST-ZIP	PALATKA, FL 00000	34 CITY-ST-ZIP	*****12.35 *****12.35
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	BROWN, HELEN N.	42 NAME	100001481741
STREET ADDRESS	914 HUNTINGTON RD	43 STREET ADDRESS	-05/09/95--01142--012
CITY-ST-ZIP	CRESCENT CITY FL	44 CITY-ST-ZIP	*****20.28 *****20.28
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0024440