

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
06/29/1965

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

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

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Charles E. Alford, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

111 Whipple Tree Road

83

84 City

Hollister

FL

85 Zip Code
32147

11. Pursuant to the provisions of Sections 617.0902 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RYLES, MEVLYN
STREET ADDRESS 702 N 19TH ST STE. C
CITY-ST-ZIP PALATKA FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PCD
NAME BANKS, HARRY H.
STREET ADDRESS 940 LAKE ARGENTA DR
CITY-ST-ZIP CTESENT CITY FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PCD
Charles E. Alford, Jr.
111 Whipple Tree Road
Hollister, FL 32147

☒ Change ☐ Addition

TITLE TD
NAME CUNNINGHAM, ERNESTINE
STREET ADDRESS 702 N 19TH ST
CITY-ST-ZIP PALATKA, FL 00000

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME BROWN, HELEN N.
STREET ADDRESS 914 HUNTINGTON RD
CITY-ST-ZIP CRESCENT CITY FL

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

SD
RENE' WILKE
1506 RIVER ROAD
ORANGE PARK, FLORIDA 32073

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***61.25

☐ Change ☐ Addition

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)(k), 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 SIGNING OFFICER OR DIRECTOR

March 26, 1996

904 328 1482

Date

Daytime Phone

CR2E037 (12/95)