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May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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
US702 N 19TH ST
STE. C
PALATKA FL 32177-3063
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 702 North 19th Street		26 Post Office Box 490		06/29/1965		04/21/1996	
22 Suite C		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Palatka, Florida		28 Palatka, Florida		59-1119871		Not Applicable	
24 32177		25 USA		5. Certificate of Status Desired		8.75 Additional Fee Required	
26 32178-0490		27 USA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
28 32178-0490		29 USA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALFORD, CHARLES E JR
111 WHIPPLE TREE ROAD
HOLLISTER FL 32417

81 Name	Helen Murray
82 Street Address (P.O. Box Number is Not Acceptable)	111 Murray Road West
83	
84 City	Pomona Park
85 Zip Code	FL 32181

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 *Helen S. Murray* DATE *4/3/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	RYLES, MEVLIN	1.2 NAME	
STREET ADDRESS	702 N 19TH ST STE. C	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA-FL	1.4 CITY - ST - ZIP	
TITLE	PCD	2.1 TITLE	PCA
NAME	ALFORD, CHARLES E	2.2 NAME	Helen S. Murray
STREET ADDRESS	111 WHIPPLE TREE ROAD	2.3 STREET ADDRESS	111 Murray Road West
CITY - ST - ZIP	HOLLISTER FL 32147	2.4 CITY - ST - ZIP	Pomona Park, Florida 32181
TITLE	TD	3.1 TITLE	
NAME	CUNNINGHAM, ERNESTINE	3.2 NAME	
STREET ADDRESS	702 N 19TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA, FL 00000	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	SD
NAME	WILKE, RENE	4.2 NAME	Elsie Chappell
STREET ADDRESS	1506 RIVER ROAD	4.3 STREET ADDRESS	80 Railroad Street
CITY - ST - ZIP	ORANGE PARK FL 32073	4.4 CITY - ST - ZIP	Espanola, Florida 32110
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: *W. Ryles* REQUIRED

4/3/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 8003423

CR2E037 (9/96)