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02-24-1999 90016 029 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709229

1. Corporation Name

**PUTNAM-CLAY-FLAGLER ECONOMIC OPPORTUNITY COUNCIL
, INC.**

Principal Place of Business

702 N 19TH ST
STE. C
PALATKA FL 32177
US

Mailing Address

P O BOX 490
PALATKA FL 32178-490
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/29/1965

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

9. Name and Address of Current Registered Agent

**MURRAY, HELEN
111 MURRAY RD. WEST
POMONA PARK FL 32181**

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 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, 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

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

TITLE **PCA** ☐ DELETE
NAME **MURRAY, HELEN S**
STREET ADDRESS **111 MURRAY RD WEST**
CITY-ST-ZIP **POMONA PARK FL**

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

TITLE **D** ☐ DELETE
NAME **BROOKS, ROBERT**
STREET ADDRESS **103 POINT PLEASANT DR**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Beverly Frazier, Vice Chair
2199 Aster Street Unit 305
Orange Park, FL 32073**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99
Date

Daytime Phone #

CR2E037 (11/98)