## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 06, 2006 8:00 am **Secretary of State DOCUMENT # 711022** 1. Entity Name 02-06-2006 90086 044 \*\*\*\*61.25 PUTNAM COUNTY HISTORICAL SOCIETY, INC. Principal Place of Business Mailing Address 100 MADISON ST. P.O. BOX 35 PALATKA FL 32177 PALATKA FL 32178-0035 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2023423 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, CHARLES R 139 MAYS COVE Street Address (P.O. Box Number is Not Acceptable) EAST PALATKA FL 32131 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE 🔀 Change BEATON, LARRY 627 CRILL AVE, ☐ Addition BEATON, LARRY NAME NAME 627 CRILL AVENUE STREET ADDRESS STREET ADDRESS PALATKA, F1. 32177 PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP 5 CRAWFORD, GEORGE TITLE Delete TITI F Change Addition CRAWFORD, GEORGE NAME 240 STI JOHNS DRI 240 ST. JOHNS DR. STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOORE, CHARLES R NAME STREET ADDRESS 139 MAYS COVE STREET ADDRESS CITY-ST-ZIP E. PALATKA FL CITY-ST-7IP TITLE D ☐ Delete TITLE □ Change ☐ Addition TINDALL, ROBERT NAME STREET ADDRESS 2411 EDGEMOOR ST. STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition SANDERS, GEORGE NAME NAME STREET ADDRESS 417 MULHOLLAND PARK STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition ZETROUER, LEROY NAME 817 S. 15TH S.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

PALATKA FL 32177

STREET ADDRESS

CITY-ST-ZIP

ChARLES

1/24/06 /904/692-4769

FILED