

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 11:22

DOCUMENT # 740117 (7)

1. Corporation Name

PUTNAM COUNTY SAFETY COUNCIL, INC.

Principal Place of Business

110 N. 11TH STREET
PALATKA FL 32177-3639

Mailing Address

110 N. 11TH STREET
PALATKA FL 32177-3639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1977

3a. Date of Last Report

03/10/1994

4. FEI Number

59-2537446

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

TOWNSEND, WILLIAM RJ
200 REID ST.
PALATKA FL 32177

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

GOSS SR., MICHAEL K.
110 N. 11TH ST.
PALATKA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

CRUMMEY, CLIFFORD S.
RT. 2, BOX 2904
PALATKA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

BOWEN, MIKELL N.
110 N. 11TH ST
PALATKA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

MIKELL, JOHN L.
511 ST. JOHNS AVE.
PALATKA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

HILL, J.
2116 LAUREL ST.
PALATKA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

THIES, DAN R.
514 MULHOLLAND PK.
PALATKA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

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☐ 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 110.07(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 the 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

Jimmy Hill

4-5-95

325-9739