

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740117 (7)
1. Corporation Name

PUTNAM COUNTY SAFETY COUNCIL, INC.



Principal Place of Business

Mailing Address

110 N. 11TH STREET
PALATKA FL 32177-3639

110 N. 11TH STREET
PALATKA FL 32177-3639

3. Date Incorporated or Qualified
09/14/1977

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

30 Country

4. FEI Number

59-2537446

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOWNSEND, WILLIAM RJ
200 REID ST.
PALATKA FL 32177

81 Name

TOWNSEND, JR. WILLIAM L.

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

200 REID ST.

83

84 City

PALATKA

FL

85 Zip Code

32177

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 brief applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-12-96

12. OFFICERS AND DIRECTORS

TITLE P
NAME GOSS SR., MICHAEL K.
STREET ADDRESS 110 N. 11TH ST.
CITY-ST-ZIP PALATKA FL ☐ DELETE

TITLE D
NAME CRUMMEY, CLIFFORD S.
STREET ADDRESS RT. 2, BOX 2904
CITY-ST-ZIP PALATKA FL ☒ DELETE

TITLE V
NAME BOWEN, MIKELL N.
STREET ADDRESS 110 N. 11TH ST
CITY-ST-ZIP PALATKA FL ☒ DELETE

TITLE T
NAME MIKELL, JOHN L.
STREET ADDRESS 511 ST. JOHNS AVE.
CITY-ST-ZIP PALATKA FL ☐ DELETE

TITLE S
NAME HILL, J.
STREET ADDRESS 2116 LAUREL ST.
CITY-ST-ZIP PALATKA FL ☐ DELETE

TITLE D
NAME THIES, DAN R.
STREET ADDRESS 514 MULHOLLAND PK.
CITY-ST-ZIP PALATKA FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DIRECTOR
12 NAME BROWN, MARY LAWSON
13 STREET ADDRESS 107 S. 19TH ST.
14 CITY-ST-ZIP PALATKA, FL 32177 ☐ Change ☒ Addition

21 TITLE DIRECTOR
22 NAME HOWARD, RUDY
23 STREET ADDRESS 500 MOODY RD.
24 CITY-ST-ZIP PALATKA, FL 32177 ☐ Change ☒ Addition

31 TITLE DIRECTOR
32 NAME LEE, BILLY
33 STREET ADDRESS P.O. Box 70 311 Hwy. 17 South
34 CITY-ST-ZIP E. PALATKA, FL 32131 ☐ Change ☒ Addition

41 TITLE DIRECTOR
42 NAME CONLEY, LEON
43 STREET ADDRESS 1614 MOSELEY AVE.
44 CITY-ST-ZIP PALATKA, FL 32177 ☐ Change ☒ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE 800001915918
62 NAME -08/08/96--01016--002
63 STREET ADDRESS ***61.25
64 CITY-ST-ZIP ☐ 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: Michael K. Goss, Sr. MICHAEL K. GOSS, SR. 4/26/96 904-325-4564
Signature and typed or printed name of signing officer or director Date Daytime Phone #
05817196

CR2E037 (12/95)