



FILED

May 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 05 1997 8:00a Secretary of State	
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		3. Date Incorporated or Qualified 09/14/1977		3a. Date of Last Report 08/07/1996	
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		4. FEI Number 59-2537446 Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TOWNSEND, WILLIAM L. JR 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 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P <input type="checkbox"/> DELETE NAME GOSS SR., MICHAEL K. STREET ADDRESS 110 N. 11TH ST. CITY-ST-ZIP PALATKA FL				1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME CONLEE, LEON 1.3 STREET ADDRESS 1614 MOESLEY AVE. 1.4 CITY-ST-ZIP PALATKA FL 32177			
TITLE D <input type="checkbox"/> DELETE NAME BROWN, MARY L STREET ADDRESS 107 S. 19TH ST CITY-ST-ZIP PALATKA FL 32177				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE NAME HOWARD, RUDY STREET ADDRESS 500 MOODY RD CITY-ST-ZIP PALATKA FL 32177				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE T <input type="checkbox"/> DELETE NAME MIKELL, JOHN L. STREET ADDRESS 511 ST. JOHNS AVE. CITY-ST-ZIP PALATKA FL				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE S <input type="checkbox"/> DELETE NAME HILL, J. STREET ADDRESS 2116 LAUREL ST. CITY-ST-ZIP PALATKA FL				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE D <input checked="" type="checkbox"/> DELETE NAME LEE, BILLY STREET ADDRESS 311 HWY 17 SOUTH CITY-ST-ZIP E. PALATKA FL 32131				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

CR2E037 (9/96)

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.