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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2537446

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 700 REID STREET

26 700 REID STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE C

27 SUITE C

City & State

City & State

23 PALATKA, FL

28 PALATKA, FL

Zip

Zip

24 32177

29 32177

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOWNSEND, WILLIAM L. JR
200 REID ST.
PALATKA FL 32177**

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

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

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D BROWN, MARY L**
STREET ADDRESS **107 S. 19TH ST**
CITY-ST-ZIP **PALATKA FL 32177**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D HOWARD, RUDY**
STREET ADDRESS **500 MOODY RD**
CITY-ST-ZIP **PALATKA FL 32177**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **Y MIKELL, JOHN L.**
STREET ADDRESS **511 ST. JOHNS AVE.**
CITY-ST-ZIP **PALATKA FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

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

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D CONLEE, LEON**
STREET ADDRESS **1614 MOESLEY AVE**
CITY-ST-ZIP **PALATKA FL**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

THOMAS S. DUNN *March 30, 1998* *904-329-0152*

CR2E037 (10/97)