

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90085 023 \*\*\*\*61.25

**DOCUMENT # 740117**

1. Corporation Name

**PUTNAM COUNTY SAFETY COUNCIL, INC.**

Principal Place of Business

700 REID ST  
SUITE C  
PALATKA FL 32177-3639  
US

Mailing Address

700 REID ST  
SUITE C  
PALATKA FL 32177-3639  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/14/1977

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

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

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

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **COATES, BRENT**  
6.4 CITY-ST-ZIP **152 U.S. HWY. 17 SOUTH  
EAST PALATKA, FL 32131**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)