

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90126 049 *****61.25

DOCUMENT # C93000000017

1. Entity Name

MALTA ASSOCIATION OF PALATKA



Principal Place of Business

**3201 REID ST.
PALATKA FL 32177**

Mailing Address

**P.O. BOX 218
PALATKA FL 32178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3192326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAESEKER, PHILIP N
1301 PRESIDENT ST
PALATKA FL 32177**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME THOMPSON, WILLIAM C
STREET ADDRESS 123 KINGFISH AVE
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME TATUM, JOHN W
STREET ADDRESS 309 BENHAM ST
CITY-ST-ZIP PALATKA FL 32177

TITLE VPD ☐ Change ☒ Addition
NAME RODGER D. ARNOLD
STREET ADDRESS 142 SILVER LAKE RD
CITY-ST-ZIP INTERLACHEN, FL 32148

TITLE STD ☐ Delete
NAME HAESEKER, PHILIP N
STREET ADDRESS 1301 PRESIDENT ST.
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME BERRY, MARY L
STREET ADDRESS 2809 GOLF DR
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William C Thompson **WILLIAM C. THOMPSON**

386-328-2863