

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90140 040 ****61.25

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # N00000001939 1. Entity Name SOUTH PUTNAM CHRISTIAN SERVICE CENTER, INC. | | | | | |
| Principal Place of Business 223 N SUMMIT ST CRESCENT CITY, FL 32112 | | | Mailing Address PO BOX 744 CRESCENT CITY, FL 32112 | | |
| 2. Principal Place of Business - No P.O. Box # 219 N. Summit St. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Crescent City, FL | | City & State | | 4. FEI Number 59-3638033 | |
| Zip 32112 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DIETRICH, CHAMPAGNIE J 223 N SUMMIT ST 1311 C.R. 308 CRESCENT CITY, FL 32112 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP | CHAMPAGNIE, DIETRICH J <input type="checkbox"/> Delete 223 N SUMMIT ST CRESCENT CITY, FL 32112 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1311 C.R. 308 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ADAMS, MARTHA <input type="checkbox"/> Delete 118 MAGNOLIA AVE CRESCENT CITY, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD <input type="checkbox"/> Delete DECHAIANE, PRISCILLA P O BOX 568 WELAKA CITY, FL 32193 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD <input checked="" type="checkbox"/> Delete HAGEDORN, BRANDT E MR 98 LAKE GROVE DRIVE CRESCENT CITY, FL 32112 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD <input type="checkbox"/> Delete MILLER, KITTY 1541 CR 309 GEORGETOWN, FL 32139 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Martina Adams</i></u> 3-27-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT 400509644-101
100000001939Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2006**Open to Public Inspection**

| | |
|---|--|
| A For the 2006 calendar year, or tax year beginning , 2006, and ending , 20 | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization South Putnam Christian Service Center Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 744, 219 N. Summit St City or town, state or country, and ZIP + 4 Crescent City, FL 32112-0744 |
| D Employer identification number 59 3638033 | E Telephone number (386) 698-1944 |
| F Group Exemption Number . . . ▶ | |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

| | |
|---|--|
| G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ | H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). |
| I Website: ▶ | |
| J Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | |
| K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. | |
| L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ | |

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.) | | | |
|--|--|--|-----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 61078 |
| | 2 | Program service revenue including government fees and contracts | 2 |
| | 3 | Membership dues and assessments | 3 |
| | 4 | Investment income | 4 |
| | 5a | Gross amount from sale of assets other than inventory | 5a |
| | 5b | Less: cost or other basis and sales expenses | 5b |
| | 5c | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule). | 5c |
| | 6 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | 6 |
| | 6a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a |
| Expenses | 6b | Less: direct expenses other than fundraising expenses | 6b |
| | 6c | Net income or (loss) from special events and activities (line 6a less line 6b) | 6c |
| | 7a | Gross sales of inventory, less returns and allowances | 7a |
| | 7b | Less: cost of goods sold | 7b |
| | 7c | Gross profit or (loss) from sales of inventory (line 7a less line 7b) | 7c |
| | 8 | Other revenue (describe ▶ _____) | 8 |
| | 9 | Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8). ▶ | 9 61078 |
| | 10 | Grants and similar amounts paid (attach schedule) | 10 |
| | 11 | Benefits paid to or for members | 11 |
| Net Assets | 12 | Salaries, other compensation, and employee benefits | 12 |
| | 13 | Professional fees and other payments to independent contractors Ramp Expenses | 13 3388 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 2590 |
| | 15 | Printing, publications, postage, and shipping Office, state fees, events, exp., insurance | 15 1459 |
| | 16 | Other expenses (describe ▶ client services, food bank costs, petty cash for clients) | 16 56111 |
| | 17 | Total expenses (add lines 10 through 16) ▶ | 17 63548 |
| | 18 | Excess or (deficit) for the year (line 9 less line 17) | 18 (2470) |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 7218 | |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| 21 | Net assets or fund balances at end of year (combine lines 18 through 20) ▶ | 21 4748 | |

| Part II Balance Sheets —If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See page 51 of the instructions.) | | | |
|--|--|-----------------------|-----------------|
| | | (A) Beginning of year | (B) End of year |
| 22 | Cash, savings, and investments | 7218 | 22 4748 |
| 23 | Land and buildings | | 23 |
| 24 | Other assets (describe ▶ _____) | | 24 |
| 25 | Total assets | | 25 |
| 26 | Total liabilities (describe ▶ _____) | | 26 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 7218 | 27 4748 |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2006)

ATTACHMENT H0050961
#100000001985

Form 990-EZ (2006)

Page **2**

| Part III Statement of Program Service Accomplishments (See page 51 of the instructions.) | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
|--|---|
| What is the organization's primary exempt purpose? <u>community service assistance to poor residents</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | |
| 28 <u>469 services were provided to assist with overdue necessary bills, 798 qualified households were provided food (2340 individuals) and 1244 other services were provided to clients including toiletries information, and food cards during the holidays. All done with 3121 volunteer hours of help</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a 56111 |
| 29 <u>88% of expenses were directly for client services</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| 30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| 31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 Total program service expenses (add lines 28a through 31a) ▶ 32 | 32 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.) | | | | |
|---|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| <u>Priscilla DeChaine</u> <u>1035 Front St. Welaka, FL 32193</u> | President | 0 | | |
| <u>Dietrich Champaigne</u> <u>PO Box 123 Crescent City, FL 32112</u> | VP | 0 | | |
| <u>Martha Adams</u> <u>118 Magnolia Crescent City, FL 32112</u> | Treasurer | 0 | | |
| <u>Kitty Miller</u> <u>1541 CR 309, Georgetown, FL 32139</u> | Secretary | 0 | | |

| Part V Other Information (Note the statement requirement in General Instruction V.) | | | Yes | No |
|--|------------|--|------------|-----------|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | | ✓ |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 34 | | | ✓ |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | | | ✓ |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | | |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) | 36 | | | ✓ |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | | | | |
| b Did the organization file Form 1120-POL for this year? | 37b | | | ✓ |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | | | ✓ |
| b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved | 38b | | | |
| 39 501(c)(7) organizations. Enter: | | | | |
| a Initiation fees and capital contributions included on line 9 | 39a | | | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | | | |

Form **990-EZ** (2006)

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Printed on Recycled Paper

ATTACHMENT

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 30 2005

SOUTH PUTNAM CHRISTIAN SERVICE
CENTER INC
PO BOX 744
CRESCENT CITY, FL 32112-0000

Employer Identification Number:

59-3638033

DLN:

17053148737045

Contact Person:

DEL TRIMBLE

ID# 31309

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

509(a) (2)

Dear Applicant:

Our letter dated SEPTEMBER 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

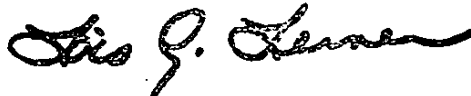
Based on the information you submitted, our letter dated MAY 4, 2005 in which you were presumed to be a private foundation is hereby superseded. You are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:30 a.m. - 5:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)