

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001939

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** SOUTH PUTNAM CHRISTIAN SERVICE CENTER, INC.

**Current Principal Place of Business:**

219 N. SUMMIT ST.  
CRESCENT CITY, FL 32112

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 744  
CRESCENT CITY, FL 32112

**New Mailing Address:**

**FEI Number:** 59-3638033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNG, DEBRA L  
429 PINE STREET  
CRESCENT CITY, FL 32112 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DECHANE, PRISCILLA  
Address: P.O. BOX 568  
City-St-Zip: WELAKA, FL 32193

Title: T  
Name: DESANTIS, SUSAN  
Address: P O BOX 127  
City-St-Zip: GEORGETOWN, FL 32139

Title: V  
Name: MILLER, KITTY  
Address: 1541 CR 309  
City-St-Zip: GEORGETOWN, FL 32139

Title: S  
Name: SMITH, CHARLIE  
Address: 195 PALM DRIVE  
City-St-Zip: GEORGETOWN, FL 32139

Title: BK  
Name: YOUNG, DEBRA L  
Address: 429 PINE STREET  
City-St-Zip: CRESCENT CITY, FL 32112

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA L. YOUNG

BK

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date