


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90429 001 ****21.25
04-27-2004 90429 002 ****40.00

DOCUMENT # N03000008986 1. Entity Name PUTNAM COUNTY COMMUNITY BAND, INC.	
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Principal Place of Business C/O LEONARD ALTERMAN 9116 CYPRESS GREEN DRIVE, SUITE 207 JACKSONVILLE FL 32256	Mailing Address C/O LEONARD ALTERMAN 9116 CYPRESS GREEN DRIVE, SUITE 207 JACKSONVILLE FL 32256
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00410377



MOORE CR2E037 (11/03)

2. Principal Place of Business 9218 Cypress Green Drive Suite, Apt. #, etc. Suite 11	3. Mailing Address 9218 Cypress Green Drive Suite, Apt. #, etc. Suite 11
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City & State Jacksonville, FL	City & State Jacksonville, FL
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4. FEI Number 56-2413571	Applied For <input type="checkbox"/> Not Applicable
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Zip 32256	Country Duval	Zip 32256	Country Duval
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALTERMAN, LEONARD 9116 CYPRESS GREEN DRIVE SUITE 207 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9218 Cypress Green Drive, Suite 11 City Jacksonville FL Zip Code 32256

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 Leonard Alterman *Leonard Alterman* DATE 4/26/04

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, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTERMAN, LEONARD 9116 CYPRESS GREEN DR., SUITE 207 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEZZETTI, DAVID 940 SOUTH MOODY ROAD PALATKA FL 32178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALDSON PARNELL, ETHEL 4110 CRILL AVENUE PALATKA FL 32177 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, CORBIN 2419 CRILL AVENUE PALATKA FL 32178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9218 Cypress Green Drive, Suite 11 Jacksonville, FL 32256
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: Leonard Alterman, President DATE: 4/26/04 PHONE: 904/739-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #