2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008986

1. Entity Name

FILED Jan 14, 2005 8:00 am Secretary of State

01-14-2005 90010 043 ****61.25

| PUTNAM | COUNT | Y COMMUNITY BA | AND, IN | 1C. | | | | | | | | |
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| 9218 CYPRESS GREEN DRIVE 9218 SUITE 11 SUITE | | | | ing Address 18 CYPRESS GREEN DRIVE TE 11 KSONVILLE, FL 32256 | | | † (Patrya) cii aait | 1 fini 11 11 21 11 13 11 | | 0270{ | | |
| 2. Principal Place of Business 3. | | 3. Mai | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 01102005 _C | hg-NP | CR2E0 | 37 (10/03) | | | |
| City & State | | City & State | | | | | 4. FEI Number 56-241357 | 71 | | — — | pplied For ot Applicable | |
| Zip | Country | | Zí _l | Zip | | 5. Certificate o | | 5. Certificate of S | tatus Desired | | \$8.75 Add Fee Require | |
| | 6. Name | and Address of Current | Register | ed Agent | | | | 7. Name and Add | dress of New R | agistered | Agent | |
| ALTEDMA | N LEON | NPD | | | | Name . | | | | | | |
| ALTERMAN, LEONARD 9218 CYPRESS GREEN DRIVE, SUITE 11 JACKSONVILLE, FL 32256 | | | | Street Addr | | | ddress (I | P.O. Box Number is | Not Acceptable | ·) | | |
| | | | | | | City | | | | FI | Zip Coo | je |
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| | named entit tions of regist | y submits this statement fo tered agent! | r the purp | oose of changing its | register | ed office or | register | ed agent, or both, in | the State of Fic | vida. Iam | familiar with | , and accept |
| | | | | | | | | | | | | |
| ; SIGNATURE : | ! n | | | | | | | | | | | |
| 1 | 4 25 Streamer types | for printed name of registered agent | stud it je 4 stb | plicable. (NOTE | : Registeri | rd Agent signatu | ne required | when reinstating) | | DATE | | |
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| 70 m | Filing Fe | e is \$61.25 lay 1, 2005 | | 9. Election Carr Trust Fund C | npaign f | inancing ion. | 0 | \$5.00 May Be Added to Fees | Flor | ake chec Ida Depa | rtment of S | tate |
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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, 1 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP - -

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR,

110/09 904/739-3