

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90281 001 \*\*\*\*61.50

**DOCUMENT # N04000003464**

1. Entity Name  
**PALATKA CITYWIDE RESIDENT COUNCIL, INC.**



Principal Place of Business

**406 N 16TH ST  
APT B-012  
PALATKA, FL 32177**

Mailing Address

**C/O PALATKA HOUSING AUTHORITY  
400 NORTH 15TH ST  
PALATKA, FL 32177**



01302006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1359312**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, DARLENE  
900 N 15TH ST, APT B-140  
PALATKA, FL 32177**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CD  
HARTSFIELD, ROBERT  
100 MEMORIAL PARKWAY, APT D203  
PALATKA, FL 32177**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CD  
RODGERS, HILDA  
501 N 24TH ST, APT C144  
PALATKA, FL 32177**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
HOPKINS, ERNEST  
100 MEMORIAL PARKWAY, APT D208  
PALATKA, FL 32177**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
HILLEGAS, WILLIAM  
2302 OLIVE ST, APT C142  
PALATKA, FL 32177**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-14-2006 386 328 0549**