2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003464

Entity Name: PALATKA CITYWIDE RESIDENT COUNCIL, INC.

FILED Aug 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

C/O PALATKA HOUSING AUTHORITY C/O D MIDDLERBROOPALATKA HOUSING AUTHORITY

400 NORTH 15TH ST 400 NORTH 15TH ST PALATKA, FL 32177 PALATKA, FL 32177

FEI Number: 20-1359312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SIMMONS, DARLENE SESSION, LAKESHA 900 N 15TH ST, APT B-140 2300 BRONSON ST PALATKA, FL 32177 APT C-116 PALATKA, FL 32177 US

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: LAKESHA SESSION 08/29/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HARTSFIELD, ROBERT SESSION, LAKESHA Name: Name: Address:

100 MEMORIAL PARKWAY, APT D203 Address: 2300 BRONSON ST APT C-116 City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177

Title: CD () Delete Title: (X) Change () Addition RODGERS, HILDA Name: BRAMLITT, ELIZABETH Name: Address: 501 N 24TH ST. APT C144 Address: 2103 BRONSON ST APT C119

City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177

Title: () Delete Title: (X) Change () Addition HOPKINS, ERNEST MCCRAY, LAWANDA Name: Name:

100 MEMORIAL PARKWAY, APT D208 503 N. 24TH ST APT C 145 Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177

Title: TD (X) Delete Title: () Change () Addition

Name: HILLEGAS, WILLIAM Name: Address: 2302 OLIVE ST, APT C142 Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAKESHA SESSION PD 08/29/2007