

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005345

FILED
May 10, 2007
Secretary of State

Entity Name: PUTNAM CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

191 MOTES ROAD
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8045
PALATKA, FL 32178

New Mailing Address:

191 MOTES ROAD
PALATKA, FL 32177

FEI Number: 84-1679960 **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:

MERWIN, SHARON E
191 MOTES ROAD
PALATKA, FL 32177 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: PD () Delete
Name: MERWIN, SHARON E
Address: 191 MOTES ROAD
City-St-Zip: PALATKA, FL 32177

Title: VD () Delete
Name: MOTES, GWENDOLYN P
Address: 154 HUNTER ROAD
City-St-Zip: PALATKA, FL 32177

Title: STD () Delete
Name: PAHOTA, MELISSA K
Address: 5454 HIGHWAY 17 SOUTH
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: DAVIDSON, DEBRA R
Address: P O BOX 806
City-St-Zip: SAN MATEO, FL 32187

Title: D () Delete
Name: MERWIN, EDNA B
Address: 191 MOTES ROAD
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MOORE, MARTHA
Address: 113 MOORES TRAIL
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SHARON E MERWIN

PD

05/10/2007

Electronic Signature of Signing Officer or Director

Date