2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# N05000005345

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:

191 MOTES ROAD
PALATKA, FL 32177

New Mailing Address:

FEI Number: 84-1679960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:	S	(X) Change ( ) Addition
Name:	PARKER, PRISCILLA	
Address:	138 LAKE SHORE DRIVE	
City-St-Zip:	PALATKA, FL 32177	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HERMAN, KAREN	
Address:	421 SOUTH 17TH STREET	
City-St-Zip:	PALATKA, FL 32177	
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 04/02/2008

Electronic Signature of Signing Officer or Director — Date