

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000003476

**FILED**  
**Oct 07, 2009**  
**Secretary of State**

**Entity Name:** PUTNAM COUNTY AFRICAN AMERICAN CULTURAL ARTS COUNCIL, INC.

**Current Principal Place of Business:**

1007 NORTH 15TH STREET  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1151  
PALATKA, FL 32178

**New Mailing Address:**

**FEI Number:** 59-3193477      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

WILLIAMS, LASANDRA  
1424 OCEAN STREET  
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:** LASANDRA WILLIAMS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P      ( ) Delete  
**Name:** SMITH, DOTHEA H  
**Address:** PO BOX 273  
**City-St-Zip:** PALATKA, FL 32178

**Title:** VP      ( ) Delete  
**Name:** BROWN, PAMELA H  
**Address:** PO BOX 273  
**City-St-Zip:** PALATKA, FL 32178

**Title:** VP      ( ) Delete  
**Name:** WILLIAMS, ANGELA D  
**Address:** 223 HOLLY LANE  
**City-St-Zip:** PALATKA, FL 32177

**Title:** S      ( ) Delete  
**Name:** FUCE, LINDA P  
**Address:** 1214 OLIVE ST  
**City-St-Zip:** PALATKA, FL 32177

**Title:** FS      ( ) Delete  
**Name:** WRIGHT, KATHY  
**Address:** 503 PALMETTO ST  
**City-St-Zip:** PALATKA, FL 32177

**Title:** T      ( ) Delete  
**Name:** WILLIAMS, LASANDRA  
**Address:** 1424 OCEAN ST  
**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  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** FS      (X) Change ( ) Addition  
**Name:** WRIGHT, KATHY  
**Address:** 503 PALMETTO ST  
**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:** DOTHEA H. SMITH

P

10/07/2009

Electronic Signature of Signing Officer or Director

Date