

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08633

FILED
Feb 08, 2006
Secretary of State

Entity Name: ASSOCIATION FOR RESIDENTIAL CARE OF PUTNAM COUNTY, INCORPORATED

Current Principal Place of Business:

%JIM WHITTAKER
1209 WESTOVER DRIVE
PALATKA, FL 321775329

New Principal Place of Business:

Current Mailing Address:

%JIM WHITTAKER
1209 WESTOVER DRIVE
PALATKA, FL 321775329

New Mailing Address:

FEI Number: 59-2522308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTAKER, JIM
1209 WESTOVER DRIVE
PALATKA, FL 32077 US

Name and Address of New Registered Agent:

WHITTAKER, JIM
1209 WESTOVER DRIVE
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: _____

02/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, MELISSA
Address: 5001 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: SD () Delete
Name: DRIGGERS, DOT,
Address: PO BOX 72 N/A
City-St-Zip: E PALATKA, FL

Title: TD () Delete
Name: FLETCHER, CARL,
Address: 195 HORSEMANS CLUB RD
City-St-Zip: PALATKA, FL

Title: VD () Delete
Name: TORODE, WILLIAM,
Address: PO BOX 801
City-St-Zip: PALATKA, FL 32178

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MELISSA MILLER

PD

02/08/2006

Electronic Signature of Signing Officer or Director

Date