

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08633

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

1209 WESTOVER DRIVE
PALATKA, FL 321775329

New Principal Place of Business:

1209 WESTOVER DRIVE
PALATKA, FL 321775329 US

Current Mailing Address:

1209 WESTOVER DRIVE
PALATKA, FL 321775329

New Mailing Address:

1209 WESTOVER DRIVE
PALATKA, FL 321775329 US

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 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: MILLER, MELISSA
Address: 5001 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: SD (X) Delete
Name: DRIGGERS, DOT,
Address: PO BOX 72
City-St-Zip: E PALATKA, FL 321310072

Title: TD () Delete
Name: FLETCHER, CARL,
Address: PO BOX 161
City-St-Zip: PALATKA, FL 321780161

Title: VD () Delete
Name: TORODE, WILLIAM,
Address: PO BOX 801
City-St-Zip: PALATKA, FL 321780801

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 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: JIM WHITTAKER

ED

04/29/2008

Electronic Signature of Signing Officer or Director

Date