


FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13142** (7)  
1. Corporation Name

**PUTNAM FAMILIES WITH DISABILITIES, INC.**



Principal Place of Business <b>P.O. BOX 8032 PALATKA FL 32178</b>	Mailing Address <b>P.O. BOX 8032 PALATKA FL 32178-8032</b>
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3. Date Incorporated or Qualified **01/24/1986** 3a. Date of Last Report **02/16/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number **59-2505878** Applied For ☐ Not Applicable ☒  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**DAVIS, AMY  
113 CUMBO ST.  
HOLLISTER FL 32147**

10. Name and Address of New Registered Agent  
81 Name **Robert Ashley**  
82 Street Address (P.O. Box Number is Not Acceptable) **Rt 6 Box 1120**  
83  
84 City **Palatka** FL 85 Zip Code **32177**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert Ashley* (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DAVIS, AMY</b>
STREET ADDRESS	<b>P.O. BOX 273 N/A</b>
CITY-ST-ZIP	<b>HOLLISTER FL 32147</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>HARRIS, MARGARET</b>
STREET ADDRESS	<b>P.O. BOX 1279 N/A</b>
CITY-ST-ZIP	<b>PALATKA FL 32178</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>WEINER, BAMBI</b>
STREET ADDRESS	<b>RT 2 BOX 506</b>
CITY-ST-ZIP	<b>INTERLACHEN FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ROWE, JOHN</b>
STREET ADDRESS	<b>P.O. DRAWER 1373 N/A</b>
CITY-ST-ZIP	<b>PALATKA FL 32178</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Robert Ashley</b>
1.3 STREET ADDRESS	<b>Rt 6 Box 1120</b>
1.4 CITY-ST-ZIP	<b>Palatka, FL 32177</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Christine Norwood</b>
4.3 STREET ADDRESS	<b>803 N. 19th St.</b>
4.4 CITY-ST-ZIP	<b>Palatka, FL 32177</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)