FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:48

DOCUMENT # N27414 (4)

1. Corporation Name

CONCERNED CITIZENS ORGANIZATION OF PUTNAM COUNTY , INC.

Principal Place of Business	Mailing Address
% SANDY A. ADAMS 1400 NAPOLEON STREET PALATKA FL 32177-2123	% SANDY A. ADAMS 1400 NAPOLEON STREET PALATKA FL 32177-2123

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1988	3a. Date of Last Report: 05/04/1994
4. FEI Number: 59-2916630	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ADAMS, SANDY A.
1400 NAPOLEON STREET
PALATKA FL 32177

10. Name and Address of New Registered Agent

31	Name
32	Street Address (P.O. Box Number is Not Acceptable)
33	
34	City: FL — 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: B. A. Conley Adams — 3/13/95
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	LEWIS, CURTIS G JR	1.2 NAME	BRENDA L. CONLEY
STREET ADDRESS	912 N 19TH STREET	1.3 STREET ADDRESS	~~P.O. BOX 624~~ 412 Madison Street
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	PALATKA FL 32178
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	PASKINS, PERCY	2.2 NAME	
STREET ADDRESS	RT 1 BOX 1967	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, FLOSSIE W.	3.2 NAME	
STREET ADDRESS	709 MADISON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	PASKINS, MAGGIE	4.2 NAME	
STREET ADDRESS	RT 1 BOX 1967	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	
TITLE	SDC	5.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, CLEMENTINE	5.2 NAME	
STREET ADDRESS	1400 NAPOLEON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Brenda L. Conley — 3/13/95 — (904)329-3724
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

004448