

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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

3. Date Incorporated or Qualified  
**07/13/1988**

3a. Date of Last Report  
**04/07/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, SANDY A.  
1400 NAPOLEON STREET  
PALATKA FL 32177

81 Name

A. B. Smith

82 Street Address (P.O. Box Number is Not Acceptable)

912 North 19th Street

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

*Abraham B. Smith*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when submitting)

DATE

*June 25, 1996*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME CONLEY, BRENDA L.  
STREET ADDRESS 412 MADISON ST  
CITY-ST-ZIP PALATKA FL

TITLE ☐ DELETE

DV  
NAME PASKINS, PERCY  
STREET ADDRESS RT 1 BOX 1967  
CITY-ST-ZIP PALATKA FL

TITLE ☐ DELETE

SD  
NAME DIXON, FLOSSIE W.  
STREET ADDRESS 709 MADISON STREET  
CITY-ST-ZIP PALATKA FL

TITLE ☐ DELETE

TD  
NAME PASKINS, MAGGIE  
STREET ADDRESS RT 1 BOX 1967  
CITY-ST-ZIP PALATKA FL

TITLE ☐ DELETE

SDC  
NAME ADAMS, CLEMENTINE  
STREET ADDRESS 1400 NAPOLEON STREET  
CITY-ST-ZIP PALATKA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

PD  
1.2 NAME Brenda L. Lockhart  
1.3 STREET ADDRESS 412 Madison Street  
1.4 CITY-ST-ZIP Palatka, Florida 32177

2.1 TITLE ☒ Change ☐ Addition

DV  
2.2 NAME Nina Smith  
2.3 STREET ADDRESS 912 North 19th Street  
2.4 CITY-ST-ZIP Palatka, Florida 32177

3.1 TITLE ☒ Change ☐ Addition

SD  
3.2 NAME Glennett Dasher  
3.3 STREET ADDRESS Route 6, Box 667  
3.4 CITY-ST-ZIP Palatka, Florida 32177

4.1 TITLE ☒ Change ☐ Addition

TD  
4.2 NAME Curtis G. Lewis, Jr.  
4.3 STREET ADDRESS 912 North 19th Street  
4.4 CITY-ST-ZIP Palatka, Florida 32177

5.1 TITLE ☒ Change ☐ Addition

SDC  
5.2 NAME Ruby Swindler  
5.3 STREET ADDRESS Route 6, Box 486  
5.4 CITY-ST-ZIP Palatka, Florida 32177

6.1 TITLE ☐ Change ☐ Addition

300001884615  
-07/05/96--01028--013  
\*\*\*61.25

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)(k), 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. Lockhart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/25/96*  
Date

*904-329-3724*  
Daytime Phone #

CR2E037 (3/96)