FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27414 (4) CONCERNED CITIZENS ORGANIZATION OF PUTNAM COUNTY					
, INC. Principal Place of Business Mailing Address					
K SANDY A. ADAMS 400 NAPOLEON STREET PALATKA FL 32177-2123		% SANDY A. ADAMS 1400 NAPOLÉON STREET PALATKA FL 32177-2123		Date Incorporated or Qualified	
8 60 - 32 - 15	N10			07/13/1988	07/03/1996
21	Place of Business	2a. Mailing Address		4. FEI Number 59-2916630	Applied For Not Applicable
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	29	30	· · · · · ·	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Reg	listered Agent
SMITH, A.B. 912 NORTH 19TH STREET PALATKA FL 32177 11. Pursuant to the provisions of Sections 617.0503 and 617.1508, Florida Statut office or registered gont, or bottom the State of Florida. Such change was a sgent. I and femiliar with and agreet the obtainions of Section 617.0503, Fic			83 84 City	ress (P.O. Box Number is Not Acceptable) poration submits this statement for the poration submits the statement for the statement for the poration submits the statement for the statement fo	FI 85 Zip Code
signature	Significine, typod or printing harmo of registrings ag	IIII AK NO	Torich Statutes. The registered Agent's gnature requirements.	04/28/7/	DATE
TITLE	PD COLLIGIA	DELETE	1.1 TITLE	ASSITIONOLY LANGES TO OFFIC	Change Addition
NAME	LOCKHART, BRENDA L		1.2 NAME		
STREET ADDRESS	1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177	Dottes	1.4 CITY-ST-ZIP		
TITLE	DV NUMBER OF THE PROPERTY OF T	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	SMITH, NINA 912 NORTH 19TH STREET		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		2.4 CITY-\$1-ZIP		
TITLE	SD	DELETE	3.1 TITLE	<u> </u>	Change Addition
NAME	DASHER, GLENNETT		3.2 NAME		
STREET ADDRESS	1		3.3 STREFT ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME					
	LEWIS, JR., CURTIS G		4. 2 NAME		
STREET ADDRESS	912 NORTH 19TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	912 NORTH 19TH STREET PALATKA FL 32177	↑ DELETE	4.3 STREET ADDRESS 4.4 City-S1-Zip		Change Addition
1	912 NORTH 19TH STREET PALATKA FL 32177 SDC	DELETE	4.3 STREET ADDRESS 4.4 CHY-S1-ZIP 5.1 THLE		Change Addition
CITY-ST-ZIP TITLE	912 NORTH 19TH STREET PALATKA FL 32177 SDC SWINDLER, RUBY	L] DELETE	4.3 STREET ADDRESS 4.4 City-S1-Zip		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	912 NORTH 19TH STREET PALATKA FL 32177 SDC SWINDLER, RUBY	DELETE	4.3 STREET ADDRESS 4.4 City-St-Zip 5.1 Tille 5.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	912 NORTH 19TH STREET PALATKA FL 32177 SDC SWINDLER, RUBY ROUTE 6, BOX 486	☐ DELETE	4.3 STREET ADDRESS 4.4 GITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	912 NORTH 19TH STREET PALATKA FL 32177 SDC SWINDLER, RUBY ROUTE 6, BOX 486		4.3 STREET ADDRESS 4.4 GITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	912 NORTH 19TH STREET PALATKA FL 32177 SDC SWINDLER, RUBY ROUTE 6, BOX 486 PALATKA FL 32177		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE		

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 employered 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 an an attachment with an address.

SIGNATURE:

I Workhad

08/08/97

FILED

May 15 1997 8:00am

Secretary of State