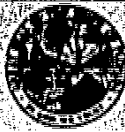


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # N28518

(1)

95 JAN 30 AM 9:57

1. Corporation Name

PUTNAM RUNNERS CLUB, INC.

Principal Place of Business

***ROBERT D. MOORE
P O BOX 171
PALATKA FL 32178-7171**

Mailing Address

***ROBERT D. MOORE
P O BOX 171
PALATKA FL 32178-7171**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1988

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2932743

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

**MOORE, ROBERT D.
135 HIAWATHA COURT
E. PALATKA FL 32031**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

**CARSON, JOHN
2119 LAUREL ST.
PALATKA FL**

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

VP

NAME

**FELTNER, ARTA
RT. 3, BOX 1790
PALATKA FL**

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

T

NAME

MOORE, ROBERT D

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

D

NAME

MCINNIS, JOLIAN

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

D

NAME

POPE, STEVEN

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

D

NAME

PETERSON, BERYL

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☒ Change ☐ Addition

1.2 NAME

TOMMY DOBBS

1.3 STREET ADDRESS

ROUTE 1 Box 453

1.4 CITY-ST-ZIP

EAST PALATKA FL 32131

2.1 TITLE

VP JOHN CARSON

☒ Change ☐ Addition

2.2 NAME

3119 LAUREL ST.

2.3 STREET ADDRESS

PALATKA FL 32177

2.4 CITY-ST-ZIP

3.1 TITLE

(NO CHANGE)

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

TREAS

☒ Change ☐ Addition

4.2 NAME

JUDY MOORE

4.3 STREET ADDRESS

135 HIAWATHA CT.

4.4 CITY-ST-ZIP

EAST PALATKA FL 32131

5.1 TITLE

D.

☒ Change ☐ Addition

5.2 NAME

ARTA FELTNER

5.3 STREET ADDRESS

RT 3 BOX 1790

5.4 CITY-ST-ZIP

PALATKA FL 32177

6.1 TITLE

D

☒ Change ☐ Addition

6.2 NAME

CECELIA HUGHES

6.3 STREET ADDRESS

RT 5 BOX 1548

6.4 CITY-ST-ZIP

PALATKA FL 32177

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 110.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name

1/21/95.