

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N28518 (1)

1. Corporation Name

PUTNAM RUNNERS CLUB, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

09/23/1988

3a. Date of Last Report

01/30/1995

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

59-2932743

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

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

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 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 D. Moore*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

P

NAME

DOBBS, TOMMY  
ROUTE 1 BOX 453  
EAST PALATKA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP

NAME

CARSON, JOHN  
2119 LAUREL ST.  
PALATKA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

T

NAME

MOORE, ROBERT D  
135 HIAWATHA CT  
EAST PALATKA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

TD

NAME

MOORE, JUDY  
135 HIAWATHA CT.  
E. PALATKA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

FELTNER, ARTA  
RT E, BOX 1790  
PALATKA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

HUGHES, CECLIA  
RT 5 BOX 1848  
PALATKA FL

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

D

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

D

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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:

*Robert D. Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

904 328-0274

Date

Daytime Phone #

CP2E037 (12/95)