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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32178-01713. Date Incorporated or Qualified
09/23/19883a. Date of Last Report
04/10/1996

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

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 32904-32131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOBBS, TOMMY	
STREET ADDRESS	ROUTE 1 BOX 453	
CITY-ST-ZIP	EAST PALATKA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARSON, JOHN	
STREET ADDRESS	2119 LAUREL ST.	
CITY-ST-ZIP	PALATKA FL	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	JULIAN MEINIS
2.4 CITY-ST-ZIP	1715 GRILL AVE. PALATKA, FL 32177

TITLE	T	<input type="checkbox"/> DELETE
NAME	MOORE, ROBERT D	
STREET ADDRESS	135 HIAWATHA CT	
CITY-ST-ZIP	EAST PALATKA FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRESIDENT
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	DOBBS, CATHY R.	
STREET ADDRESS	RT 1 BOX 453	
CITY-ST-ZIP	E PALATKA FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MASSEY, JACK	
STREET ADDRESS	PO BOX 1341	
CITY-ST-ZIP	PALATKA FL	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	TOMMY WHITAKER
5.4 CITY-ST-ZIP	RT 2 BOX 159 INTERLACHEN, FL 32148

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, BERYL	
STREET ADDRESS	2621 GOLF DR	
CITY-ST-ZIP	PALATKA FL	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	BOB MOFFITT
6.4 CITY-ST-ZIP	651 GEORGETOWN DENVER RD. CRESCENT CITY, FL 32112

14. I do hereby certify that the information supplied with this filing 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:

Robert D. Moore

1-29-97

Date

904/325-8139

Daytime Phone

CR2E037 (9/96)