

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90054 031 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28518

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



2. Principal Place of Business

21 **Robert Moffitt**
Suite, Apt. #, etc.

22 **Palatka**
City & State

23 **Florida**
City & State

24 **Zip** 25 **Country**

2a. Mailing Address

26 **Robert Moffitt**
Suite, Apt. #, etc.

27 **Palatka**
City & State

28 **Florida**
City & State

29 **Zip** 30 **Country**

3. Date Incorporated or Qualified

09/23/1988

4. FEI Number

59-2932743

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

9. Name and Address of Current Registered Agent

MOORE, ROBERT D.
135 HIAWATHA COURT
E. PALATKA FL 32131

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 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

TITLE **D** ☐ DELETE

NAME **DOBBS, TOMMY**
STREET ADDRESS **ROUTE 1 BOX 453**
CITY-ST-ZIP **EAST PALATKA FL**

TITLE **D** ☐ DELETE

NAME **JULIAN MCINNIS**
STREET ADDRESS **1715 CRILL AVE.**
CITY-ST-ZIP **PALATKA FL**

TITLE **P** ☐ DELETE

NAME **MOORE, ROBERT D**
STREET ADDRESS **135 HIAWATHA CT**
CITY-ST-ZIP **EAST PALATKA FL**

TITLE **D** ☐ DELETE

NAME **DOBBS, CATHY R.**
STREET ADDRESS **RT 1 BOX 453**
CITY-ST-ZIP **E PALATKA FL**

TITLE **D** ☐ DELETE

NAME **TOMMY WHITAKER**
STREET ADDRESS **RT 2 BOX 159**
CITY-ST-ZIP **INTERLACHEN FL**

TITLE **VP** ☐ DELETE

NAME **BOB MOFFITT**
STREET ADDRESS **651 GEORGETOWN DENVER RD.**
CITY-ST-ZIP **CRESCENT CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H. Moffitt 4/28/99 9046981746

CR2E037 (1/98)

0003751