


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N32329 1. Entity Name PUTNAM COUNTY BREAD OF LIFE, INC.	
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Principal Place of Business 320 N 5TH ST. P.O. BOX 1183 PALATKA, FL 32178-8183	Mailing Address 320 N 5TH ST. P.O. BOX 1183 PALATKA, FL 32178-8183
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02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2953744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TOWNSEND, WILLIAM L. JR. 200 REID ST. PALATKA, FL 32177
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000265487 03/16/05-80060-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEMBLER, WALLACE 121 HIAWATHA CT EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RABUN, CHARLES 406 MOSELEY AVENUE PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOWNSEND, JUDITH P. 2008 HIGH TERRACE PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIX, BARBARA P.O. BOX 176 - 116 DIXIE LANE SAN MATEO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/11/05 Date	386 328-9676 Daytime Phone #
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