


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90014 016 \*\*\*\*61.25

<b>DOCUMENT # N32329</b> 1. Entity Name <b>PUTNAM COUNTY BREAD OF LIFE, INC.</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2953744</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TOWNSEND, WILLIAM L. JR.</b> <del>2008 HIGH ST.</del> <b>PALATKA, FL 32177</b>				7. Name and Address of New Registered Agent Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) <u>2008 High Terrace</u> City <u>Palatka</u> <b>FL</b> Zip Code <u>32177</u>	
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 (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEMBLER, WALLACE		NAME	Jeanie Thompson	
STREET ADDRESS	121 HIAWATHA CT		STREET ADDRESS	1220 Kirby St.	
CITY-ST-ZIP	EAST PALATKA, FL 32131		CITY-ST-ZIP	Palatka, FL 32177	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RABUN, CHARLES		NAME		
STREET ADDRESS	406 MOSELEY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOWNSEND, JUDITH P.		NAME		
STREET ADDRESS	2008 HIGH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIX, BARBARA		NAME		
STREET ADDRESS	P.O. BOX 176 - 116 DIXIE LANE		STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Judith P. Townsend</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/26/07</u> <u>328-9676</u> <small>Date Daytime Phone #</small>		

Judith P. Townsend