

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90010 027 \*\*\*\*61.25

**DOCUMENT # N32329**

1. Entity Name  
PUTNAM COUNTY BREAD OF LIFE, INC.



Principal Place of Business  
200 REID ST. 320 N. Fifth St.  
PALATKA, FL 32177

Mailing Address  
P.O. BOX 1183  
PALATKA, FL 32177

40033048



**DO NOT WRITE IN THIS SPACE**

01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-2953744

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOWNSEND, WILLIAM L JR.  
200 REID ST. 2008 High Terrace  
PALATKA, FL 32177

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IN THIS SPACE**

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 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THOMPSON, JEANIE
STREET ADDRESS	1220 KIRBY ST.
CITY - ST - ZIP	PALATKA, FL 32177
TITLE	DV
NAME	RABUN, CHARLES
STREET ADDRESS	406 MOSELEY AVENUE
CITY - ST - ZIP	PALATKA, FL
TITLE	DT
NAME	TOWNSEND, JUDITH P.
STREET ADDRESS	2008 HIGH TERRACE
CITY - ST - ZIP	PALATKA, FL
TITLE	DS
NAME	DIX, BARBARA
STREET ADDRESS	P.O. BOX 176 - 116 DIXIE LANE
CITY - ST - ZIP	SAN MATEO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith P. Townsend 386-328-2120  
Treasurer Date Daytime Phone #