

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32329

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** PUTNAM COUNTY BREAD OF LIFE, INC.

**Current Principal Place of Business:**

200 REID ST .  
PALATKA, FL 32177

**New Principal Place of Business:**

320 N. 5TH STREET  
PALATKA, FL 32177

**Current Mailing Address:**

P.O.BOX 1183  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 59-2953744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOWNSEND, WILLIAM L JR.  
2008 HIGH TERRACE  
PALATKA, FL 32177 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: THOMPSON, JEANIE  
Address: 1220 KIRBY ST.  
City-St-Zip: PALATKA, FL 32177

Title: DV ( ) Delete  
Name: RABUN, CHARLES  
Address: 406 MOSELEY AVENUE  
City-St-Zip: PALATKA, FL

Title: DT ( ) Delete  
Name: TOWNSEND, JUDITH P.  
Address: 2008 HIGH TERRACE  
City-St-Zip: PALATKA, FL

Title: DS ( ) Delete  
Name: DIX, BARBARA  
Address: P.O. BOX 176 - 116 DIXIE LANE  
City-St-Zip: SAN MATEO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH P. TOWNSEND

DT

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date