

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33312

FILED
Jul 05, 2005
Secretary of State

Entity Name: PUTNAM BANNER PRIVATE SCHOOL SYSTEM, INCORPORATED

Current Principal Place of Business:

8786 HWY 21
MELROSE, FL 32666 US

New Principal Place of Business:

815 S. MOODY ROAD
B
PALATKA, FL 32177 US

Current Mailing Address:

POST OFFICE BOX 8001
PALATKA, FL 32177

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CLARKE, WILLIAM H.
124 MOTES ROAD
PALATKA, FL 32177 US

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: VD () Delete
Name: REGISTER, CAROL
Address: 3509 WOODLAWN STREET
City-St-Zip: PALATKA, FL 32177

Title: PD () Delete
Name: SIMPSON, SUSAN
Address: 221 LONG LAKE RD
City-St-Zip: HAWTHORNE, FL 32640

Title: TD () Delete
Name: REGISTER, RICK
Address: 3509 WOODLAND ST
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: CLARKE, WILLIAM H
Address: 124 MOTES ROAD
City-St-Zip: PALATKA, FL 32177

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM H. CLARKE

PD

07/05/2005

Electronic Signature of Signing Officer or Director

Date