2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N33921

1. Entity Name
PUTNAM COUNTY ELFS FOR KIDS, INC.

Principal Place of Business	Mailing Address
% JOHN D. ROWE 108 SUNSET POINT PALATKA, FL 32177	% JOHN D. ROWE 108 SUNSET POINT PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE

03072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2912759 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROWE, JOHN D.
108 SUNSET POINT
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 _____ 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, 2006

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

000001465805
03/22/06-80044-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELLAMY, CHRISTI
STREET ADDRESS	2016 LOCUST ST.
CITY-ST-ZIP	PALATKA, FL
TITLE	D
NAME	HARE, VICKI A.
STREET ADDRESS	7043-2 SILVER LAKE DRIVE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	ROWE, SHEILA
STREET ADDRESS	108 SUNSET POINT
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	ARRINGTON, RITA
STREET ADDRESS	310 ST JOHNS AVE
CITY-ST-ZIP	PALATKA, FL 32177
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 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: Christi DeBellamy 3/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #