

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33921

FILED  
Mar 22, 2011  
Secretary of State

**Entity Name:** PUTNAM COUNTY ELFS FOR KIDS, INC.

**Current Principal Place of Business:**

% JOHN D. ROWE  
108 SUNSET POINT  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

% JOHN D. ROWE  
108 SUNSET POINT  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 59-2912759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROWE, JOHN D.  
108 SUNSET POINT  
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: D  
Name: BELLAMY, CHRISTI  
Address: 2016 LOCUST ST.  
City-St-Zip: PALATKA, FL

Title: D  
Name: HARE, VICKI A.  
Address: 7043-2 SILVER LAKE DRIVE  
City-St-Zip: PALATKA, FL 32177

Title: D  
Name: ROWE, SHEILA  
Address: 108 SUNSET POINT  
City-St-Zip: PALATKA, FL 32177

Title: D  
Name: ARRINGTON, RITA  
Address: 100 SEMINOLE CIRCLE  
City-St-Zip: SAN MATEO, FL 32187

Title: D  
Name: KING, JACQUELINE  
Address: 114 SUMMIT ROAD  
City-St-Zip: SATSUMA, FL 32189

Title: D  
Name: HARE, TONIA M  
Address: 7043-1 SILVER LAKE DRIVE  
City-St-Zip: PALATKA, FL 32177

I hereby 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 all other like empowered.

SIGNATURE: VICKI A. HARE

D

03/22/2011

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

\_\_\_\_\_  
Date