

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90236 047 \*\*\*\*61.25

**DOCUMENT # N35848**

1. Entity Name  
**PUTNAM RADIO MINISTRIES, INC.**



Principal Place of Business  
**C/O ROBIN TOOLE  
201 S. PALM AVE  
PALATKA, FL 32177 US**

Mailing Address  
**C/O ROBIN TOOLE  
201 S. PALM AVE  
PALATKA, FL 32177 US**



03232006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3009352**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TOOLE, ROBIN  
201 S. PALM AVE  
PALATKA, FL 32177**

**DO NOT WRITE  
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 *Robin Toole* General Manager *5/2/06*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DST
NAME	MEADE, GRAYSON
STREET ADDRESS	114 BRANDI LN
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	DVP
NAME	GABORIAU, ANDRE
STREET ADDRESS	P O BOX 2441
CITY-ST-ZIP	PALATKA, FL 32178
TITLE	DP
NAME	RAGANS, GERALD
STREET ADDRESS	3502 KENNEDY STREET
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	DILLON, TOM
STREET ADDRESS	131 PALM TRAIL
CITY-ST-ZIP	EAST PALATKA, FL 32131
TITLE	D
NAME	BEDENBAUGH, JEFF
STREET ADDRESS	227 ROUNDLAKE ROAD
CITY-ST-ZIP	PALATKA, FL 32177
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:**

*Robin Toole* Robin Toole  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*386*  
*325-3334*