2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

	ANNU	AL KEI	OKI	_			Se	creta	ry of	Sta	ite
DOCUMENT # N35848									90858 005 *		
1. Entity Name PUTNAM RADIO MINISTRIES, INC.							į				
10114/34	TOURS OF WIND TRUES, IN	0.									
Osiania al Ria	- ALD VICES	B.4 - 111			00 W		યુપ્ર	-			
C/O ROBIN T	e of Business OOLE		Address OBIN TOOLE			• •					
201 S. PALM			201 S. PALM AVE PALATKA, FL 32177 US			: ' '					
PALATKA, FL	. 32177 US	PALA	IKA, FL 321//	US			E IERIIIRI EER IIKRE	IAN OUR CANLL			ABR 11 1 50 1
2. Principal P	Place of Business - No P.O. Box #	3. Maili	3. Mailing Address								
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				04162007 _C	hg-NP	CR2E037 (12/06)	
City & Stat	de	City	City & State				4. FEI Number 59-300935	52		-	plied For t Applicable
Zip	Zip Country		Zip		ıntry		5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
TOOLE, R	OBIN										
201 S. PAI	LM AVE					t Address (P.O. Box Number is Not Acceptable)					
PALATKA	, FL 32177										
				City			FL Zip Code				
8. The above	named entity submits this stateme	ot for the purpo	ose of changing its	renister	ed office or	register	ed agent, or both, in	the State of Fl		liar with	and accent
	tions of registered agent.					, ogrator	od agorii, or boili, iii	_	10110a. Tamiam		# decopi
0.0	LONWOSTU	Xl	KODIN	1α	ole.	Ge	naral i	Mana	001	Иli	רסאמ'
SIGNATURE	Signature, typed or printed name of registered a	egent and title if appl	icable. (NOTI	: Registere	d Agent signat	ure required	when reinstating)	00 00	DATE	111	<u> </u>
	Filing Fee is \$61.25		9. Election Car	npaign F	inancing		\$5.00 May Be		Make check pa	yable to	
Due by May 1, 2007			Trust Fund Contributi				Added to Fees Florida Department of State				
10.	OFFICERS AND	DIRECTORS		11.			ADDITIONS/CHANG	ES TO OFFICE			
TITLE NAME	DST MEADE, GRAYSON		☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS	114 BRANDI LN				ET ADDRESS						
CITY-ST-ZIP	PALATKA, FL 32177			CITY	-ST-ZIP						
TITLE	DVP		☐ Delete	TITLE	Ε					Change	☐ Addition
NAME CYPET ADDOCCC	GABORIAU, ANDRE					P			•	Litatige	☐ Addition
STREET ADDRESS CITY-ST-ZIP				NAM	_	P			2	unange	☐ Addition
	P O BOX 2441			STRE	ET ADDRESS	P			P	unange	Addition
TITLE	P O BOX 2441 PALATKA, FL 32178 DP		□ Delete	STRE	ET ADDRESS -ST-ZIP	P 					
TITLE NAME	PALATKA, FL 32178		☐ Delete	STRE	ET ADDRESS -ST-ZIP	ν 				Change	Addition
NAME STREET ADDRESS	PALATKA, FL 32178 DP RAGANS, GERALD 3502 KENNEDY STREET		☐ Delete	STRE CITY TITLE NAM STRE	EET ADDRESS -ST-ZIP E E EET ADDRESS	P					
NAME STREET ADDRESS CITY-ST-ZIP	PALATKA, FL 32178 DP RAGANS, GERALD 3502 KENNEDY STREET PALATKA, FL 32177	77 845-5-7-7		STRE CITY TITLE NAM STRE CITY	EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PALATKA, FL 32178 DP RAGANS, GERALD 3502 KENNEDY STREET PALATKA, FL 32177 D		☐ Delete	STRE CITY TITLE NAM STRE CITY	EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP	DV	?				
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

126/07 325-3334