

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

3-15-95 6-2187-16
APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 15 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35958 (0)

1. Corporation Name

THE PUTNAM COUNTY FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

284 UNION AVENUE
P. O. BOX 244
CRESCENT CITY FL 32112
US

RURAL ROUTE X BOX 745
P. O. BOX 244
CRESCENT CITY FL 32112
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1990

3a. Date of Last Report

06/24/1994

4. FEI Number

59-2994228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 284 Union Avenue
Suite, Apt. #, etc.

26 Rural Route 2
Suite, Apt. #, etc.

22 City & State

27 Box 745
City & State

23 Crescent City FL
Zip

28 Crescent City FL
Zip

24 32112
Country

25

29 32112
Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CODD, C P
111 CLIFTON RD
BOX 937
CRESCENT CITY 32112

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PICKENS, JOE H.
STREET ADDRESS 113 N 4TH ST
CITY-ST-ZIP PALATKA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME QUALLS, DOUG DR
STREET ADDRESS 930 N SUMMIT
CITY-ST-ZIP CRESCENT CITY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CODD, C. PATRICK
STREET ADDRESS RT 2 BOX 1190
CITY-ST-ZIP CRESCENT CITY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

D
Stuart Reiter
926 N. Summit St
Crescent City, FL 32112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-95