

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35958

1. Entity Name

THE PUTNAM COUNTY FAMILY YOUNG MEN'S CHRISTIAN A

Principal Place of Business

284 UNION AVENUE
CRESCENT CITY FL 32112
US

Mailing Address

RR 2 BOX 745
BOX 745
CRESCENT CITY FL 32112
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2994228

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name RANDY BROWN
Street Address (P.O. Box Number is Not Acceptable)
4 SUNWOOD TRAIL
City ORMOND BEACH FL Zip Code 32174

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME DEWKETT, DAVID
STREET ADDRESS APT 3 ACOSTA CREED, P O BOX 984
CITY-ST-ZIP WELAKA FL 32193 ☒ Delete

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

TITLE D
NAME MITCHELL, HERMAN E
STREET ADDRESS P O BOX 268
CITY-ST-ZIP LAKE COMO FL 32157 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P D
NAME RANDY BROWN
STREET ADDRESS 4 SUNWOOD TRAIL
CITY-ST-ZIP ORMOND BEACH, FL. 32174 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS 604 LEMON ST
CITY-ST-ZIP CRESCENT CITY, FL. 32112 ☒ Change ☐ Addition

TITLE DIRECTOR
NAME JOHN DOYLE
STREET ADDRESS 127 PONCE DELEON PLACE
CITY-ST-ZIP PONCE INLET, FL. 32127 ☐ Change ☒ Addition

TITLE DIRECTOR
NAME BOB LYNDAW
STREET ADDRESS 160N NOVA ROAD
CITY-ST-ZIP ORMOND BEACH, FL. 32174 ☐ Change ☒ Addition

TITLE DIRECTOR
NAME JOHN BOSTWICK
STREET ADDRESS 5380 RIDGEWOOD AVE
CITY-ST-ZIP PORT ORANGE, FL. 32127 ☐ Change ☒ Addition

TITLE DIRECTOR
NAME RO DYT KO
STREET ADDRESS 1804 WRIGHT DR
CITY-ST-ZIP DAYTONA BEACH, FL. 32119 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90158 020 ****61.25

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DO NOT WRITE IN THIS SPACE

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4/27/2001

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