FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:51

DOCUMENT # N36296 (4)

1. Corporation Name
PUTNAM CHAMBER EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O PUTNAM COUNTY CHAMBER OF COMMERCE 1100 REID ST. PALATKA FL 32177	C/O PUTNAM COUNTY CHAMBER OF COMMERCE 1100 REID ST. PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1990
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-3014872 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LARSON II, CHARLES W
1100 REID STREET
PALATKA FL 32177-0653

10. Name and Address of New Registered Agent

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: C W Larson II, C W LARSON II — 2-3-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D ☑ Change ☐ Addition
NAME	EASTERLING, KEN	1.2 NAME	
STREET ADDRESS	200 CATHERINE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☑ Change ☐ Addition
NAME	HERRINGTON, BILL	2.2 NAME	LINDA OWENS
STREET ADDRESS	7300 CRILL AVENUE	2.3 STREET ADDRESS	334 S. 19TH ST
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	PALATKA, FL 32177
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	LARSON, C. W., II	3.2 NAME	
STREET ADDRESS	1100 REID ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	P ☑ Change ☐ Addition
NAME	LORENZEN, JOHN	4.2 NAME	
STREET ADDRESS	601 REID STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	ROWE, JOHN D.	5.2 NAME	
STREET ADDRESS	HWY 19 SOUTH AT SEARS PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, MELISSA	6.2 NAME	
STREET ADDRESS	5001 ST. JOHNS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	6.4 CITY-ST-ZIP	

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 119.07(3)(i), 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: C W Larson II C W LARSON II — 2-3-95 — 904/328-1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021442