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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N36296

(4)

## DUTALANA CHANDED EDUCATION FOUNDATION INC

PUTNAM CHAMBER EDUCATION TOUNDATION, INC.							
Principal Place of Business Maling Address					i andiniar men titta mitte trace cocks a	5.5 5.5 4.5 4.4	
C/O PUTNAM	COUNTY CHAMBER OF COMMERCE	C/O PUTNAM COUNT	TY CHAMBER OF	COMMERCE			
PALATKA FL 32177		PALATKA FL 32177		Date Incorporated or Qualified     01/22/1990	3a. Date of Last F 02/08/19	95	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-3014872	<u> </u>	pplied For ot Applicable
21		26			39'30 14672		Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			<ol><li>Certificate of Status Desired</li></ol>		equired
22		City & State		6. Election Campaign Financing	\$5.00	May Be	
City & State		28		Trust Fund Contribution Added to Fees			
<b>23</b> Zip	Country	Zip	Country		8. This corporation has liability for in	ntangible tax under s.	199.032,
24	25	29	30			Yes No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Re	egistered Agent	
			B1	Name			
LARSON	I II, CHARLES W		82	Street Ad.	ress (P.O. Box Number is Not Acceptable	e)	
	ID STREET		<u></u>	<b> </b>			
	A FL 32177-0653		83				
			84	City		FL 85 Zir	Code
				L	oration submits this statement for the purp and of directors. I hereby accept the appo	uses of changing its ru	enistered office
or register familiär wil SIGNATURE	th, and accept the obligations of Sections  Signature, by edior contest series of registered agent	On 617.0303, 1 Onde Ottae	NOTE BUSINESS Age		ration submits this statement for the period and of directors. Thereby accept the appointment of the appoint	. CAT:	
12.	OFFICERS AN	D DIRECTORS	13.		AUDITIONS CHANGES TO OFF	Change	Addition
TitlE	D	DELETE	1 ' TIBLE		OFFICELL KERRY	□ •	25
NAME	EASTERLING, KEN		1.2 NAME		200 REID STREET		
STREET ADDRESS	200 CATHERINE ST				PARATXA, 12 3217	7	
C/TY - ST - 7/P	PALATKA FL	DELETE	1 4 C/TY - 2 1 TITLE	ST-ZIP	P	Change	Add:tion
TITLE	D-		2 1 111CF 2 2 NAME		/		
NAME	OWENS, LINDA		1	1 ADDRESS			
STREET ADDRESS	334 S 19TH ST		2 4 CITY				
CITY ST-ZIP	PALATKA FL	DELETE	3 1 TUILE	3.141		Change	Addition
TITLE	S ADDON C M/ II	Labertin	3 2 NAME				
NAME	LARSON, C. W., II			et address			
STREET ADDRESS	1100 REID ST.		3.4 CiTY	1			
CITY - ST - ZIP	PALATKA FL	DELETE	41 TULE			Change	☐ Addition
TITLE	1 "	<u> </u>	4, 2 NAM	1.	-		
NAME	LORENZEN, JOHN		1	ET ADDRESS			
STREET ADDRESS			4.4 CHTY	1			
CITY-ST-ZIP	PALATKA FL	DELFTE				Change	Addition
TITLE	DV DOWE IOUN D	<u></u>	52 NAM				
NAME	ROWE, JOHN D. HWY 19 SOUTH AT SEARS	Ρι Δ7Δ	1	ET ADDRESS			
STREET ADDRESS		I LALA	L	- S1 - ZIP			
CIT1 - ST - ZIP	PALATKA FL 32177	DELETE				☐ Change	Addition
TITLE	T AND ED MENICOA		6.2 NAM				
NAME	MILLER, MELISSA			ET ADDRESS			
STREE! ADDRESS	5001 ST. JOHNS AVE.		0.5 0100				

6.4 CITY - ST - ZIP

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Executive Vice President

2-1-96

14. If do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ii). 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 comporation 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 charged if or any attachment with an address.