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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32177-3653

3. Date Incorporated or Qualified: 01/22/1990
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	ROWELL, KERRY		1.2 NAME		
STREET ADDRESS	200 REID STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	OWENS, LINDA		2.2 NAME		
STREET ADDRESS	334 S 19TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	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	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	LORENZEN, JOHN		4.2 NAME	DR. DAVID RISCH, M.D.	
STREET ADDRESS	601 REID STREET		4.3 STREET ADDRESS	6500 HIGHWAY 20	
CITY-ST-ZIP	PALATKA FL		4.4 CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	DV	☐ DELETE	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	☐ DELETE	6.1 TITLE	D	☑ 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		

CR2E037 (9/96)

14. I do 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 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 1-22-97 904-328-1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number