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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36296

1. Corporation Name

PUTNAM CHAMBER EDUCATION FOUNDATION, INC.

* 4 450163 - 90236 - 26

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/22/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3014872 ☐ Applied For ☑ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 _____ Chuck Roberts II, President DATE 2-11-99
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 1:2		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	ROWELL, KERRY		1.2 NAME	Jim Putnam	
STREET ADDRESS	200 REID STREET		1.3 STREET ADDRESS	Highway 17 N	
CITY-ST-ZIP	PALATKA FL		1.4 CITY-ST-ZIP	Palatka, FL 32178	
TITLE	D	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	REINER, STUART		2.2 NAME		
STREET ADDRESS	926 N SUMMIT ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY FL 32112		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	T	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	MYERS, VERNON		4.2 NAME	W. W. Roberts	
STREET ADDRESS	350 STATE ROAD 19		4.3 STREET ADDRESS	102 Reid Street	
CITY-ST-ZIP	PALATKA FL 32177		4.4 CITY-ST-ZIP	Palatka, FL 32177	
TITLE	DV	☒ DELETE	5.1 TITLE	D	☐ 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	P	☐ 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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Chuck Roberts II, President 2-11-99 904-328-1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #