

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90009 014 \*\*\*\*70.00

**DOCUMENT # N36296**

1. Entity Name  
PUTNAM CHAMBER EDUCATION FOUNDATION, INC.



Principal Place of Business

C/O PUTNAM COUNTY CHAMBER OF COMMERCE  
1100 REID ST.  
PALATKA, FL 32177

Mailing Address

C/O PUTNAM COUNTY CHAMBER OF COMMERCE  
1100 REID ST.  
PALATKA, FL 32177

400006737



01102005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3014872

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMPSON, BILL
STREET ADDRESS	300 HIGHWAY 19 N
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	P
NAME	CURTIS MICHAEL <del>THOMPSON</del> SACCAVECCIA, CLARA
STREET ADDRESS	1501 ST. JOHNS AVENUE 311 St. Johns Avenue
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	S
NAME	LARSON, C. W., II
STREET ADDRESS	1100 REID ST.
CITY-ST-ZIP	PALATKA, FL
TITLE	T
NAME	RUSTY, STARR
STREET ADDRESS	1825 5TH JOHNS AVENUE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	ROWE, JOHN D.
STREET ADDRESS	HWY 19 SOUTH AT SEARS PLAZA
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	MILLER, MELISSA
STREET ADDRESS	5001 ST. JOHNS AVE.
CITY-ST-ZIP	PALATKA, FL

**DO NOT WRITE  
IN THIS SPACE**

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:**

*CW Larson II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-05 388-328-1503  
Date Daytime Phone #