2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N36296



FILED Feb 12, 2007 8:00 am **Secretary of State**

02-12-2007 90064 020 ****70.00

1. Entity Nam PUTNAM		ER EDUCATION F	DUNDATION, INC.							
C/O PUTNAM COUNTY CHAMBER OF COMMERCE 1100 REID ST.			Mailing Address C/O PUTNAM COUNTY CHAMBER OF COMMERCE 1100 REID ST. PALATKA, FL 32177			. ·			II: 1 II 1 1 1 1 1 1 1 1 1 1 1 1 1	MINI DI IDAL
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01032007 C	hg-NP	CR2E0	37 (12/06)	
City & State			City & State			4. FEI Number Applied For 59-3014872 Not Applicable				
Zip	Zip Country		Zip	Country	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registe			egistered Agent			7. Name and Add	ress of New F	Registered	Agent	
	01140150	A A frid		Name						
LARSON, CHARLES W'II ⁻ 1100 REID STREET PALATKA, FL 32177-0653				Street /	Street Address (P.O. Box Number is Not Acceptable)					
TADATION,	, , , , , , , , , , , , , , , , , , , ,	-0000								
				City		•	 	FL	Zip Cod	e
			the purpose of changing its	registered office of	or register	ed agent, or both, in	the State of FI	orida. I am	familiar with,	and accept
the obligat	tions of registe	ered agent.								
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signs	iture required	when reinstating)		ĐATE		
	,		·							
	_	e is \$61.25 lay 1, 2007		mpaign Financing Contribution.		\$5.00 May Be Added to Fees	l .		k payable to	
10.	Due by M		Trust Fund			\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flo	rida Depai	rtment of Si	tate
TITLE	Due by M	OFFICERS AND DIR	Trust Fund	TITLE		Added to Fees	Flo	rida Depai	rtment of Si	tate
TITLE NAME	Due by M	OFFICERS AND DIR	Trust Fund	TITLE NAME		Added to Fees	Flo	rida Depai	RECTORS IN	tate
TITLE NAME STREET ADDRESS	Due by M D THOMPSO 300 HIGH	OFFICERS AND DIR ON, BILL WAY 19 N	Trust Fund	TITLE NAME STREET ADDRESS		Added to Fees	Flo	rida Depai	RECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUE BY M THOMPSO 300 HIGH	OFFICERS AND DIR	Trust Fund	211. TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Added to Fees ADDITIONS/CHANG	FIO ES TO OFFICE	rida Depai	RECTORS IN Change	tate I 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DUE BY MODEL THOMPSO 300 HIGHT PALATKA	OFFICERS AND DIR ON, BILL WAY 19 N , FL 32177	Trust Fund	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	,	Added to Fees ADDITIONS/CHANG	FIO ES TO OFFICE	rida Depai	RECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D THOMPSO 300 HIGHT PALATKA	OFFICERS AND DIR ON, BILL WAY 19 N , FL 32177 FRED	Trust Fund	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	,	Added to Fees ADDITIONS/CHANG	FIO ES TO OFFICE	rida Depai	RECTORS IN Change	tate 1 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DUE by M THOMPSO 300 HIGHT PALATKA P PILGRIM, 1100 REIG	OFFICERS AND DIR ON, BILL WAY 19 N , FL 32177 FRED D STREET	Trust Fund	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	646 818	Added to Fees ADDITIONS/CHANG	FIO OFFICE	rida Depai	RECTORS IN Change	tate 1 10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:

Caum I. CW LANGOU IT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-328-1503