


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-12-2007 90064 020 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01032007 Chg-NP CR2E037 (12/06)			4. FEI Number 59-3014872		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			Applied For Not Applicable		
6. Name and Address of Current Registered Agent LARSON, CHARLES W II 1100 REID STREET PALATKA, FL 32177-0653			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, BILL 300 HIGHWAY 19 N PALATKA, FL 32177	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PILGRIM, FRED 1100 REID STREET PALATKA, FL 32178	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Bobby Payne 890 Hwy 17 N Palatka FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSON, C W II 1100 REID ST. PALATKA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSTY, STARR 1825 5TH JOHNS AVENUE PALATKA, FL 32177	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, JOHN D HWY 19 SOUTH AT SEARS PLAZA PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director THURLOIL DOUGLAS 113 Arden Drive Palatka, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MELISSA 5001 ST. JOHNS AVE. PALATKA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.					
SIGNATURE: <i>CW Larson</i>				2-8-07 386-328-1503	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	