

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90009 024 ****70.00

DOCUMENT # N36296

1. Entity Name

PUTNAM CHAMBER EDUCATION FOUNDATION, INC.



Principal Place of Business

Mailing Address

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

1100 REID ST.
PALATKA FL 32177



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 THOMPSON, BILL ☐ Delete
STREET ADDRESS 300 HIGHWAY 19 N
CITY-ST-ZIP PALATKA FL 32177

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ~~PAYNE, BOBBY~~ Bobby Payne ☐ Delete
STREET ADDRESS 890 HWY 17 N.
CITY-ST-ZIP PALATKA FL 32177

TITLE
NAME Bobby Payne ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME LARSON, C W II ☐ Delete
STREET ADDRESS 1100 REID ST.
CITY-ST-ZIP PALATKA FL

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME RUSTY, STARR ☐ Delete
STREET ADDRESS 1825 5TH JOHNS AVENUE
CITY-ST-ZIP PALATKA FL 32177

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ~~DEUGER, TAYLOR~~ Taylor Douglas ☐ Delete
STREET ADDRESS 113 ARDEN DR
CITY-ST-ZIP PALATKA FL 32177

TITLE
NAME Taylor Douglas ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME MILLER, MELISSA ☐ Delete
STREET ADDRESS 5001 ST. JOHNS AVE.
CITY-ST-ZIP PALATKA FL

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

W. Larson

2/2/08

386-328-1503