

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36296

FILED
Feb 13, 2009
Secretary of State

Entity Name: PUTNAM CHAMBER EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3014872 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LARSON, CHARLES W II
1100 REID STREET
PALATKA, FL 321770653 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, BILL
Address: 300 HIGHWAY 19 N
City-St-Zip: PALATKA, FL 32177

Title: C () Delete
Name: PAYNE, BOBBY
Address: 890 HWY 17 N.
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: LARSON, C W II
Address: 1100 REID ST.
City-St-Zip: PALATKA, FL

Title: T () Delete
Name: RUSTY, STARR
Address: 1825 5TH JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: DOUGLAS, TAYLOR
Address: 113 ARDEN DR
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MILLER, MELISSA
Address: 5001 ST. JOHNS AVE.
City-St-Zip: PALATKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TERRY, TURNER
Address: 455 EAST END ROAD
City-St-Zip: SAN MATEO, FL 32187

Title: C (X) Change () Addition
Name: NORTHRIP, DIANE
Address: 119 HIGHWAY 17 SOUTH.
City-St-Zip: EAST PALATKA, FL 32131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES W. LARSON II

RA

02/13/2009

Electronic Signature of Signing Officer or Director

_____ Date