SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 13 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # N45194 (0)

1. Corporation Name
CONCERNED CITIZENS OF PUTNAM COUNTY FOR A RESPON SIVE GOVERNMENT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 171 LAKE COMO FL 32157	P.O. BOX 171 LAKE COMO FL 32157

3. Date Incorporated or Qualified: 09/17/1991
3a. Date of Last Report: 02/02/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 52-1752185 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAJEWSKI, B.
244 LAKE COMO DRIVE
LAKE COMO FL 32157

10. Name and Address of New Registered Agent

81 Name: BARBARA R. GALLOWAY
82 Street Address (P.O. Box Number is Not Acceptable): 215 TAYLOR FURY ROAD
83
84 City: LAKE COMO FL 85 Zip Code: 32157

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: BARBARA R. GALLOWAY Barbara R. Galloway 12-5-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC MAJEWSKI, BETTE 244 LAKE COMO DRIVE LAKE COMO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PC GALLOWAY, BARBARA R. 215 TAYLOR FURY ROAD LAKE COMO, FL. 32157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVIS, SHIRLEY 2527 CORAL WAY EAST DAYTONA BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD MAJEWSKI, BETTE 244 LAKE COMO DRIVE LAKE COMO, FL 32157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALLYN, ELEANOR S. RT 1, BOX 53 POMONA PARK FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD DAVIS, SHIRLEY 2527 CORAL WAY EAST DAYTONA BEACH, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GAFFNEY, VIRGINIA RT. 1 BOX 310 CRESENT CITY FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD GALLOWAY, HOWARD J 215 TAYLOR FURY ROAD LAKE COMO, FL 32157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	700002033437--4 -12/19/96--01033--001 ****236.25 ****236.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DB12-16-96	☐ Change ☐ Addition

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BARBARA R. GALLOWAY SIGNATURE REQUIRED Barbara R. Galloway 12-5-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(904) 649-4426 0018941
Daytime Phone #