

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N49704** (2)

1. Corporation Name

UNITED WAY OF PUTNAM COUNTY, INC.



Principal Place of Business

Mailing Address

117 BRIDGE STREET
ST. AUGUSTINE FL 32084
US

P.O. BOX 625
ST AUGUSTINE FL 32084
US

3. Date Incorporated or Qualified **07/07/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3124050	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREIDENSTEN, ANN H
1117 BRIDGE STREET
ST. AUGUSTINE FL 32084

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	117 BRIDGE ST.
84	City
85	Zip Code
	FL

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

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	PD BECKLER, EDWIN C 1910 REID STREET PLANTATION FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME			PD DAVIS, PAUL
STREET ADDRESS			1.2 NAME
CITY-ST-ZIP			FRANCIS ROAD
TITLE	VD DAVIS, PAULA 600 COLLEGE ROAD PALATKA FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
NAME			1.4 CITY-ST-ZIP
STREET ADDRESS			2.1 TITLE
CITY-ST-ZIP			VD DOTTS, ERNEST
TITLE	VD MARTIN, LYNDARAE D 5001 ST JOHNS AVENUE PALATKA FL	<input type="checkbox"/> DELETE	2.2 NAME
NAME			122 HIAWATHA CT.
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	TD ROWELL, KERRY 200 REID STREET PALATKA FL	<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	S BREIDENSEN, AN 117 BRIDGE STREET ST AUGUSTINE FL	<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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: *A. H. Breidensten*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 904.328-8992
Date Daytime Phone #

CR2E037 (12/95)