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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32085-0625
US

3. Date Incorporated or Qualified
07/07/1992

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3124050

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREIDENSTEN, ANN H
117 BRIDGE ST.
ST. AUGUSTINE FL 32084

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 DELETE
NAME DAVIS PAUL
STREET ADDRESS FRANCIS RD.
CITY-ST-ZIP PALATKA FL

1.1 TITLE PD Change Addition
1.2 NAME POTTS, ERNEST
1.3 STREET ADDRESS 122 HIAWATHA CT.
1.4 CITY-ST-ZIP EAST PALATKA, FL 32131

TITLE VD DELETE
NAME POTTS ERNEST
STREET ADDRESS 122 HIAWATHA CT
CITY-ST-ZIP EAST PALATKA FL

2.1 TITLE VD Change Addition
2.2 NAME DONNA GUNN
2.3 STREET ADDRESS 514 ST. JOHNS AVE
2.4 CITY-ST-ZIP PALATKA, FL 32177

TITLE VD DELETE
NAME MARTIN, LYNDARAE D
STREET ADDRESS 5001 ST JOHNS AVENUE
CITY-ST-ZIP PALATKA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME ROWELL, KERRY
STREET ADDRESS 200 REID STREET
CITY-ST-ZIP PALATKA FL

4.1 TITLE TD Change Addition
4.2 NAME KEN MAHAFFEY
4.3 STREET ADDRESS 323 ST. JOHNS AVE.
4.4 CITY-ST-ZIP PALATKA, FL 32177

TITLE S DELETE
NAME BREIDENSEN, AN
STREET ADDRESS 117 BRIDGE STREET
CITY-ST-ZIP ST AUGUSTINE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ann H. Breidensten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.97 904.328.8492

Date

Daytime Phone # Area Code

CR2E037 (9/96)