

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
May 05, 1998 8:00 am
Secretary of State

DOCUMENT # N49704 (2)

1. Corporation Name
UNITED WAY OF PUTNAM COUNTY, INC.



Principal Place of Business
**117 BRIDGE STREET
ST. AUGUSTINE FL 32084
US**

Mailing Address
**P.O. BOX 625
ST AUGUSTINE FL 32084
US**

3. Date Incorporated or Qualified
07/07/1992

4. FEI Number
59-3124050

Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BREIDENSTEN, ANN H
117 BRIDGE ST.
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	POTTS, ERNEST	
STREET ADDRESS	122 HIAWATHA ST.	
CITY-ST-ZIP	EAST PALATKA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GUNN, DONNA	
STREET ADDRESS	514 ST. JOHNS AVE.	
CITY-ST-ZIP	PALATKA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, LYN DARAE D	
STREET ADDRESS	5001 ST JOHNS AVENUE	
CITY-ST-ZIP	PALATKA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAHAFFEY, KEN	
STREET ADDRESS	323 ST. JOHNS AVE	
CITY-ST-ZIP	PALATKA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BREIDENSEN, ANN	
STREET ADDRESS	117 BRIDGE STREET	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MARTIN, LYN DARAE D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	5001 ST. JOHNS AVE	
1.3 STREET ADDRESS	PALATKA, FL 32177	
1.4 CITY-ST-ZIP		
2.1 TITLE	JIM PITTMAN, JIM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	E. ABER RD.	
2.3 STREET ADDRESS	EAST PALATKA, FL 32131	
2.4 CITY-ST-ZIP		
3.1 TITLE	CHUCK LANNING, CHUCK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUPER VALV, INC.	
3.3 STREET ADDRESS	9 EAST GATE SQUARE	
3.4 CITY-ST-ZIP	EAST PALATKA FL 32131	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: SIGNATURE REQUIRED 04-16-98 904-328-8992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001480

CR2E037 (10/97)