


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N49704**  
1. Entity 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**



03022006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3124050</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**MELFI, JIM  
200 REID ST  
PALATKA, FL 32177**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

00000043266  
04/19/06-80099-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO STONE, PIXIE 234 LOMFORT DR PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOUGLAS, TAYLOR 103 SHADY OAK DR PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYNE, BOBBY 890 N. HWY 17 PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELFI, JIM 200 REID ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *PIXIE STONE* **PIXIE STONE** 3/10/06 328-9219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #