

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-11-2007 90019 041 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT (AF)**

4/1

DOCUMENT # N48704			
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 825 ST AUGUSTINE FL 32084 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3124050		Applied For ☐ Not Applicable	
5. Consents of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELFI, JIM 200 REID ST PALATKA FL 32177		7. Name and Address of New Registered Agent Name JEANNE MORDON Street Address (P.O. Box Number is Not Acceptable) 200 REID ST. City PALATKA FL Zip Code 32177	
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 <i>JEANNE MORDON</i>		JEANNE MORDON, EXECUTIVE DIR. 3.29.07 DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD STONE, PIXIE 234 LOMFORT DR PALATKA FL 32177 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD LEAH, AUK 504 ST. JOHN'S AVE. PALATKA FL 32177 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD DOUGLAS, TAYLOR 105 SHADY OAK DR PALATKA FL 32177 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VD MAHAFFAY, KAN 323 ST. JOHN'S AVE. PALATKA FL 32177 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD PAYNE, BOBBY 850 N. HWY 17 PALATKA FL 32177 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	S MORDON, JEANNE 200 REID ST. PALATKA FL 32177 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Section 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 recorder or trustee empowered to execute this report as required by Chapter 817, 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 filers empowered.			
SIGNATURE: <i>JEANNE MORDON</i>		3/29/07 586 329-0274 DATE	

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