

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12: 26

DOCUMENT # **N94000001514 (8)**

1. Corporation Name

PUTNAM COUNTY SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 2465
PALATKA FL 32178

POST OFFICE BOX 2465
PALATKA FL 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/23/1994

4. FEI Number

Applied For

59-3242533

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 2468

25 P.O. Box 2468

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

26

27

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGELKING, E C
415 ST JOHNS AVENUE
STE. A
PALATKA FL 32177

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	D
NAME	TROIANO, WAYNE
STREET ADDRESS	1311 PROSPECT STREET
CITY - ST - ZIP	PALATKA FL 32177
TITLE	PD
NAME	KIEF, KIRK
STREET ADDRESS	3900 CRILL AVENUE BOX 95
CITY - ST - ZIP	PALATKA FL 32177
TITLE	VD
NAME	TROIANO, SUSAN
STREET ADDRESS	1311 PROSPECT STREET
CITY - ST - ZIP	PALATKA FL 32177
TITLE	SD
NAME	JETER, MELBA
STREET ADDRESS	HCO1 BOX R.B.R.
CITY - ST - ZIP	PALATKA FL 32171
TITLE	TD
NAME	KIEF, WENDY
STREET ADDRESS	ROUTE 3, BOX 211
CITY - ST - ZIP	INTERLACHEN FL 32148
TITLE	D
NAME	JETER, ASHLEY
STREET ADDRESS	HCO 1, BOX R.B.R.
CITY - ST - ZIP	PALATKA FL 32171

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME	KIEF, KIRK	
2.3 STREET ADDRESS	Route 3, Box 211	
2.4 CITY - ST - ZIP	INTERLACHEN, FL 32148	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME	McCLELLAN, NANCY	
4.3 STREET ADDRESS	RT 5 Box 1992	
4.4 CITY - ST - ZIP	PALATKA, FL 32177	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	KIEF, Wendy	
5.3 STREET ADDRESS	Route 3, Box 211	
5.4 CITY - ST - ZIP	INTERLACHEN, FL 32148	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	QWEN Smith	
6.3 STREET ADDRESS	P.O. Box 211	
6.4 CITY - ST - ZIP	PALATKA, FL 32177	

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)(4), 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:

Wayne Troiano (WAYNE TROIANO)

4/4/95

904-328-0098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

N94 - 1514

2

CAROLINE SKIDMORE

TD

P.O. Box 487

POMONA PARK, FL. 32081

TIM KESTER

D

RT 3 Box 185 Hwy 17

EAST PALM BEACH, FL. 32131