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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001514 (8)**

1. Corporation Name

PUTNAM COUNTY SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business P OBOX 2468 PALATKA FL 32178 US		Mailing Address P OBOX 2468 PALATKA FL 32178 US		3. Date Incorporated or Qualified 03/23/1994	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3242533	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 29		Country 30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ENGELKING, E C 415 ST JOHNS AVENUE STE. A PALATKA FL 32177		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	TROIANO, WAYNE	1.1 TITLE PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TROIANO, WAYNE		1.2 NAME SAME	
STREET ADDRESS 1311 PROSPECT STREET		1.3 STREET ADDRESS SAME	
CITY-ST-ZIP PALATKA FL 32177	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE PD	KIEF, KIRK	2.1 TITLE VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIEF, KIRK	<input checked="" type="checkbox"/> DELETE	2.2 NAME SHERREL MACK	
STREET ADDRESS RT 3 BOX 211		2.3 STREET ADDRESS 523 S. 4th STREET	
CITY-ST-ZIP INTERLACHEN FL 32148		2.4 CITY-ST-ZIP PALATKA FLORIDA 32177	
TITLE VD	TROIANO, SUSAN	3.1 TITLE SECRETARY / DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TROIANO, SUSAN	<input type="checkbox"/> DELETE	3.2 NAME SAME	title only
STREET ADDRESS 1311 PROSPECT STREET		3.3 STREET ADDRESS SAME	
CITY-ST-ZIP PALATKA FL 32177		3.4 CITY-ST-ZIP	
TITLE TD	SKIDMORE, JOLENE C.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SKIDMORE, JOLENE C.	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS 283 E. MAIN STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP POMONA PARK FL 32181		4.4 CITY-ST-ZIP	
TITLE D	KIEF, WENDY	5.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIEF, WENDY	<input checked="" type="checkbox"/> DELETE	5.2 NAME SUSAN LEWIS	
STREET ADDRESS RT 3 BOX 211		5.3 STREET ADDRESS RT 3 BOX 5107	
CITY-ST-ZIP INTERLACHEN FL 32148		5.4 CITY-ST-ZIP PALATKA FLORIDA 32177	
TITLE D	SMITH, GWEN	6.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, GWEN	<input checked="" type="checkbox"/> DELETE	6.2 NAME STELLA METHUIN	
STREET ADDRESS PO BOX 152 (N/A)*		6.3 STREET ADDRESS RT 3 BOX 1345	
CITY-ST-ZIP PALATKA FL 32178		6.4 CITY-ST-ZIP PALATKA FLORIDA 32177	

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: *Jolene C. Skidmore* **JOLENE C. SKIDMORE** 3/25/98 (904) 649-4407

CR2E037 (10/97)