

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90012 050 ****70.00

DOCUMENT # N94000001514 (8)

1. Corporation Name

PUTNAM COUNTY SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 152
PALATKA, FL. 32178
US

P.O. BOX 152
PALATKA, FL. 32178
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3242533

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

81 Name

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

83

84 City

FL

85 Zip Code

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

E. C. ENGELKING

May 28, 1999

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 P/D ☐ DELETE

NAME TROIANO, WAYNE
STREET ADDRESS 1311 PROSPECT STREET
CITY-ST-ZIP PALATKA, FL. 32177

TITLE V/D ☒ DELETE

NAME SHERREL MACK
STREET ADDRESS 523 S. FOURTH STREET
CITY-ST-ZIP PALATKA, FL. 32177

TITLE S/D ☐ DELETE

NAME TROIANO, SUSAN
STREET ADDRESS 1311 PROSPECT STREET
CITY-ST-ZIP PALATKA, FL. 32177

TITLE T/D ☐ DELETE

NAME SKIDMORE, JOLENE C.
STREET ADDRESS 283 EAST MAIN STREET
CITY-ST-ZIP POMONA PARK, FL. 32181

TITLE D ☒ DELETE

NAME LEWIS, SUSAN
STREET ADDRESS RT. 1 BOX 5107
CITY-ST-ZIP PALATKA, FL. 32177

TITLE D ☐ DELETE

NAME METHVIN, STELLA
STREET ADDRESS RT. 3 BOX 1345
CITY-ST-ZIP PALATKA, FL. 32177

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V/D ☒ Change ☐ Addition

LEWIS, SUSAN

RT 1 BOX 5107

PALATKA, FL. 32177

D ☒ Change ☐ Addition

HARDY, CANDI

P.O. BOX 853

SAN MATEO, FL. 32187

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOLENE C. SKIDMORE

5/26/99

Date

(904) 649-4407

Daytime Phone #

CR2E037 (11/98)