

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90289 010 ****61.25

DOCUMENT # N94000001514

1. Entity Name

PUTNAM COUNTY SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

PO BOX 152
 PALATKA FL 32178
 US

Mailing Address

PO BOX 152
 PALATKA FL 32178
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3242533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ ~~TD~~ ☐ Delete
 NAME **TROIANO, WAYNE**
 STREET ADDRESS **1311 PROSPECT STREET**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ ~~TD~~ ☐ Delete
 NAME **TROIANO, SUSAN**
 STREET ADDRESS **1311 PROSPECT STREET**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ ~~TD~~ ☐ Delete
 NAME **SKIDMORE, JOLENE C.**
 STREET ADDRESS **283 E. MAIN STREET**
 CITY-ST-ZIP **POMONA PARK FL 32181**

TITLE **Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ ~~TD~~ ☐ Delete
 NAME **LEWIS, Susan**
 STREET ADDRESS **FT 1, BOX 5107**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **Vice President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ ~~TD~~ ☐ Delete
 NAME **METHVIN, STELLA**
 STREET ADDRESS **RT 3, BOX 1345**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **192 Cherry Trail**
 CITY-ST-ZIP

TITLE ☐ ~~TD~~ ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition
 NAME **Rob Pinner**
 STREET ADDRESS **127 Orange Avenue**
 CITY-ST-ZIP **E. Palatka, FL 32131**

12. 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 report or supplemental report is true and accurate and that no 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; 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:

Stella Methvin

5-22-01 904328430

CR2E037 (10/00)