

2002 UNIFORM BUSINESS REPORT (UBR)

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 Robert W. Troiano
Street Address (P.O. Box Number is Not Acceptable)
1311 PROSPECT 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.

SIGNATURE

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

(NOTE: 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 ☐ Delete
NAME D
STREET ADDRESS TROIANO, WAYNE
CITY-ST-ZIP 1311 PROSPECT STREET
PALATKA FL 32177

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Maria Rees
CITY-ST-ZIP 322 S. 18th ST.
Palatka, FL 32177

TITLE ☒ Delete
NAME S
STREET ADDRESS TROIANO, SUSAN
CITY-ST-ZIP 1311 PROSPECT STREET
PALATKA FL 32177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME VP
STREET ADDRESS LEWIS, S
CITY-ST-ZIP FT 1, BOX 5107
PALATKA FL 32177

TITLE ☒ Change ☒ Addition
NAME VP
STREET ADDRESS BILL WHITLOCK
CITY-ST-ZIP 2408 Leigh Terrace
PALATKA FL 32177

TITLE ☐ Delete
NAME T
STREET ADDRESS METHVIN, S
CITY-ST-ZIP 122 CHERRY TRAIL
PALATKA FL 32177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS PINNER, ROB
CITY-ST-ZIP 127 ORANGE AVE
EAST PALATKA FL 32131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)