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Jun 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000973 (5)

1. Corporation Name

THE PUTNAM COUNTY FOSTER PARENT'S ASSOCIATION, I
NC.



Principal Place of Business

Mailing Address

WINN DOWE PLAZA
HIGHWAY 19
PALATKA FL 32178

P.O. BOX 2259
PALATKA FL 32178-2259

3. Date incorporated or Qualified
02/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAWSON, MARY L
211 PROSPECT ST
INTERLACHEN FL 32148

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

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 PD ☐ DELETE
NAME DAWSON, MARY L
STREET ADDRESS P.O. BOX 111 211 Prospect St.
CITY-ST-ZIP INTERLACHEN FL 32148

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DAWSON, MARY L
1.3 STREET ADDRESS P.O. BOX 111 211 PROSPECT AVE.
1.4 CITY-ST-ZIP Interlachen FL 32148

TITLE VD ☒ DELETE
NAME MERCER, BERNICE
STREET ADDRESS RT 1 BOX 140
CITY-ST-ZIP HAWTHORNE FL 32840

2.1 TITLE PD ☐ Change ☒ Addition
2.2 NAME PAM CUMBO
2.3 STREET ADDRESS P.O. BOX 547 CUMBO ROAD
2.4 CITY-ST-ZIP HOLLISTER, FL 32147

TITLE STD ☐ DELETE
NAME LEASURE, MILDRED
STREET ADDRESS P.O. BOX 84 Marion Street
CITY-ST-ZIP FLORAHOME FL 32140

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME JOHNS, GLENDA
STREET ADDRESS RT 3 BOX 2480 Peniel Rd.
CITY-ST-ZIP PALATKA FL 32177

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE VD ☐ Change ☒ Addition
5.2 NAME SANDY BUTLER
5.3 STREET ADDRESS 1126 HUNTINGTON RD
5.4 CITY-ST-ZIP CRESCENT CITY, 32112 FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)