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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000973 (5)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**WINN DIXIE PLAZA
HIGHWAY 19
PALATKA FL 32178**

**P.O. BOX 2259
PALATKA FL 32178**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified

02/23/1996

4. FEI Number

59-3227817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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 **Diana L. Gibson-Merritt**

82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 4, Box 1174 102 Gibson St.

83

84 City **Palatka** **FL** 85 Zip Code **32177**

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 **Diana L. Gibson-Merritt**

02/09/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DAWSON, MARY L
STREET ADDRESS	211 PROSPECT AVE
CITY-ST-ZIP	INTERLACHEN FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CUMBO, PAM
STREET ADDRESS	CUMBO RD
CITY-ST-ZIP	HOLLISTER FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	LEASURE, MILDRED
STREET ADDRESS	MARION STREET
CITY-ST-ZIP	FLORAHOME FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNS, GLENDA
STREET ADDRESS	PENIEL RD
CITY-ST-ZIP	PALATKA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	BUTLER, SANDY
STREET ADDRESS	1126 HUNTINGTON RD
CITY-ST-ZIP	CRESCENT CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Diana L. Gibson-Merritt
1.3 STREET ADDRESS	Rt. 4, Box 1174 102 Gibson St.
1.4 CITY-ST-ZIP	Palatka, FL 32177
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Debbie Hughes
2.3 STREET ADDRESS	Rt. 1, Box 4425 Comer Road
2.4 CITY-ST-ZIP	Palatka, FL 32177
3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cindi Hill
3.3 STREET ADDRESS	P.O. Box 612 133 Euclid Ave
3.4 CITY-ST-ZIP	CRESCENT CITY, FL 32112 Lak. Como FL.
4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jayne Nowaski
4.3 STREET ADDRESS	209 Himalayan St.
4.4 CITY-ST-ZIP	Interlachen, FL 32148
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Diana L. Gibson-Merritt, President** **02/09/98** **404.329.1209**

CR2E037 (10/97)