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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McRath , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001514 (6)**

1. Corporation Name

PALATKA - PUTNAM COUNTY SENIOR CITIZENS, INC.



Principal Place of Business	Mailing Address
44 MUSKOGEE ROAD SAN MATEO FL 32187	44 MUSKOGEE ROAD SAN MATEO FL 32187-8700

3. Date Incorporated or Qualified 03/15/1996	3a. Date of Last Report NA
4. FEI Number 59-3374261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	26 P.O. Box 154 27 Suite, Apt. #, etc. 28 Palatka, FL 29 32178 30 Country

9. Name and Address of Current Registered Agent
WESTNEY, MIKE 44 MUSKOGEE ROAD SAN MATEO FL 32187

10. Name and Address of New Registered Agent
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXADER, JOHN	1.2 NAME	Leroy, Debra
STREET ADDRESS	919 CARR STREET	1.3 STREET ADDRESS	P.O. Box 774 NA
CITY-ST-ZIP	PALATKA FL 32177	1.4 CITY-ST-ZIP	Palatka, FL 32178
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELROD, SARAH	2.2 NAME	Gibbins, Lois
STREET ADDRESS	521 SOUTH 17TH STREET	2.3 STREET ADDRESS	117 East Oakhill Drive
CITY-ST-ZIP	PALATKA FL 32177	2.4 CITY-ST-ZIP	Palatka, FL 32177
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEROY, DEBRA	3.2 NAME	Odom, Ethelene
STREET ADDRESS	P.O. BOX 774 NA	3.3 STREET ADDRESS	2010 Carr Street
CITY-ST-ZIP	EAST PALATKA FL 32178	3.4 CITY-ST-ZIP	Palatka, FL 32177
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEMBLER, WALLACE P	4.2 NAME	Westney, Mike
STREET ADDRESS	P.O. BOX 40 NA	4.3 STREET ADDRESS	44 muskoguee Rod
CITY-ST-ZIP	EAST PALATKA FL 32131	4.4 CITY-ST-ZIP	San Mateo, FL 32187
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, GWENDOLYN	5.2 NAME	
STREET ADDRESS	P.O. BOX 143 NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32178	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTELT, HAROLD	6.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 147 NA	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMONA PARK FL 32181	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.

SIGNATURE: Mike Westney **2-19-97** (904) 329-0329
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003774

CR2E037 (9/96)