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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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**

**POST OFFICE BOX 154
PALATKA FL 32178
US**

3. Date Incorporated or Qualified

03/15/1996

4. FEI Number

59-3374261

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WESTNEY, MIKE
44 MUSKOGEE ROAD
SAN MATEO FL 32187**

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

Mike Westney

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

(NOTE: Registered Agent signature required when reinstating)

2-27-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **LEROY, DEBRA**
STREET ADDRESS **POST OFFICE BOX 774 N/A**
CITY-ST-ZIP **PALATKA FL**

1.1 TITLE **D/L** ☒ Change ☐ Addition

1.2 NAME **Leroy, Debra**
1.3 STREET ADDRESS **Post Office Box 774**
1.4 CITY-ST-ZIP **Palatka, FL 32178**

TITLE **D** ☐ DELETE

NAME **ELROD, SARAH**
STREET ADDRESS **521 SOUTH 17TH STREET**
CITY-ST-ZIP **PALATKA FL 32177**

2.1 TITLE **D/C** ☐ Change ☒ Addition

2.2 NAME **Westney Mike**
2.3 STREET ADDRESS **44 musk ogee Rd.**
2.4 CITY-ST-ZIP **San mateo, FL 32187**

TITLE **D** ☒ DELETE

NAME **LEROY, DEBRA**
STREET ADDRESS **P.O. BOX 774**
CITY-ST-ZIP **EAST PALATKA FL 32178**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Alexander John**
3.3 STREET ADDRESS **919 Carr Street**
3.4 CITY-ST-ZIP **Palatka, FL 32177**

TITLE **D** ☐ DELETE

NAME **STEMBLER, WALLACE P**
STREET ADDRESS **P.O. BOX 40**
CITY-ST-ZIP **EAST PALATKA FL 32131**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Odum, Ethelene**
4.3 STREET ADDRESS **2010 Carr Street**
4.4 CITY-ST-ZIP **Palatka, FL 32177**

TITLE **D** ☐ DELETE

NAME **WHITE, GWENDOLYN**
STREET ADDRESS **P.O. BOX 143**
CITY-ST-ZIP **PALATKA FL 32178**

5.1 TITLE **D/S** ☒ Change ☐ Addition

5.2 NAME **white, Gwendolyn**
5.3 STREET ADDRESS **PO BOX 143**
5.4 CITY-ST-ZIP **Palatka, FL 32178**

TITLE **D** ☐ DELETE

NAME **BARTELT, HAROLD**
STREET ADDRESS **ROUTE 1 BOX 147**
CITY-ST-ZIP **POMONA PARK FL 32181**

6.1 TITLE ☐ Change ☐ 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:

Mike Westney

2-27-98 (904)329-0329

CR2E037 (10/97)