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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001514

1. Corporation Name

PALATKA - PUTNAM COUNTY SENIOR CITIZENS, INC.

Principal Place of Business

**44 MUSKOGEE ROAD
SAN MATEO FL 32187**

Mailing Address

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



2. Principal Place of Business

21 3213 Crill Avenue

Suite, Apt. #, etc.

22

City & State

23 Palatka, FL

Zip

24 32177

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/15/1996

4. FEI Number

59-3374261

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

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

Steve Overturf

82 Street Address (P.O. Box Number is Not Acceptable)

83 307 South Palm Avenue

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

Steve Overturf **Steve Overturf President**

4-16-99

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 **DT** ☐ DELETE
NAME **LEROY, DEBRA**
STREET ADDRESS **POST OFFICE BOX 774 N/A**
CITY-ST-ZIP **PALATKA FL 32178**

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

TITLE **DC** ☒ DELETE
NAME **WESTNEY, MIKE**
STREET ADDRESS **44 MUSKOGEE RD**
CITY-ST-ZIP **SAN MATEO FL 32187**

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

TITLE **DS** ☐ DELETE
NAME **WHITE, GWENDOLYN**
STREET ADDRESS **P.O. BOX 143**
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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **Steve Overturf**
1.3 STREET ADDRESS **307 South Palm Avenue**
1.4 CITY-ST-ZIP **Palatka, FL 32177**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **John Alexander**
2.3 STREET ADDRESS **919 Carr Street**
2.4 CITY-ST-ZIP **Palatka, FL 32177**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Betty Willis**
3.3 STREET ADDRESS **606 South 13th Street**
3.4 CITY-ST-ZIP **Palatka, FL 32177**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Natalie Pierce**
4.3 STREET ADDRESS **320 Zeagler Drive**
4.4 CITY-ST-ZIP **Palatka, FL 32177**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Arthur Owens**
5.3 STREET ADDRESS **2215 Diana Drive**
5.4 CITY-ST-ZIP **Palatka, FL 32177**

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, with all other like empowered.

SIGNATURE:

Steve Overturf **Steve Overturf President**

4-16-99

904-325-4521

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/98)