

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001514

FILED
Apr 21, 2004
Secretary of State

Entity Name: PALATKA - PUTNAM COUNTY SENIOR CITIZENS, INC.

Current Principal Place of Business:

3218 CRILL AVE
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 154
PALATKA, FL 32178 US

New Mailing Address:

FEI Number: 59-3374261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERTURF, STEVE
307 SOUTH PALM AVENUE
PALATKA, FL 32177

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OVERTURF, STEVE
Address: 307 SOUTH PALM AVENUE
City-St-Zip: PALATKA, FL 32177

Title: DT () Delete
Name: EUBANKS, SUSAN
Address: 141 RANCH ROAD
City-St-Zip: EAST PALATKA, FL 32131

Title: D () Delete
Name: ALEXANDER, JOHN
Address: 919 CARR STREET
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: STEMBLER, WALLACE P
Address: P.O. BOX 40
City-St-Zip: EAST PALATKA, FL 32131

Title: D () Delete
Name: WHITE, GWENDOLYN
Address: P.O. BOX 143
City-St-Zip: PALATKA, FL 32178

Title: DS () Delete
Name: FREEMAN, PAT
Address: 239 E. BUFFALO BLUFF RD.
City-St-Zip: SATSUMA, FL 32189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN EUBANKS

DT

04/21/2004

Electronic Signature of Signing Officer or Director

Date

ED COX, DIRECTOR
125 MAYS COVER DRIVE
EAST PALATKA, FL 32131