


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005427 (6)**

1. Corporation Name

**CELEBRATE PUTNAM - COUNCIL FOR HISTORIC, CULTURAL, AND NATURAL RESOURCES, INCORPORATED**



Principal Place of Business <b>216 REID STREET PALATKA FL</b>	Mailing Address <b>ROUTE 2 BOX 747 SATSUMA FL 32189</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 <b>HC 2 Box 747</b>
22 City & State	27 City & State <b>Satsuma, FL</b>
23 Zip	28 Zip <b>32189</b>
24 Country	29 Country <b>Putnam</b>

3. Date Incorporated or Qualified <b>09/18/1997</b>
4. FEI Number <b>4-28-98</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>KEYSER &amp; WOODWARD, P.A. 501 ATLANTIC AVENUE INTERLACHEN FL 32148</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P/O June T. Roberts</b>
1.3 STREET ADDRESS	<b>607 Carlin Road</b>
1.4 CITY-ST-ZIP	<b>Satsuma, FL 32189</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V/D Gene Caputo</b>
2.3 STREET ADDRESS	<b>1308 President Street</b>
2.4 CITY-ST-ZIP	<b>Palatka, FL 32177</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S Julie Sorenson</b>
3.3 STREET ADDRESS	<b>406 Bronson Street</b>
3.4 CITY-ST-ZIP	<b>Palatka, FL 32177</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T/O Clint Snyder</b>
4.3 STREET ADDRESS	<b>7300 Crill Avenue</b>
4.4 CITY-ST-ZIP	<b>Palatka, FL 32177</b>
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 \_\_\_\_\_

CP2E037 (10/97)