

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90051 001 ****61.25

DOCUMENT # N97000005427

1. Corporation Name

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

Principal Place of Business

216 REID STREET
PALATKA FL

Mailing Address

HC2 BOX 747
SATSUMA FL 32189
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

09/18/1997

4. FEI Number

APPLIED FOR 59-3474716

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

KEYSER & WOODWARD, P.A.
501 ATLANTIC AVENUE
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

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

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 PD
NAME JUNE T ROBERDS
STREET ADDRESS 607 CARLIN RD
CITY-ST-ZIP SATSUMA FL 32189 ☒ DELETE

TITLE VD
NAME GENE CAPUTO
STREET ADDRESS 1308 PRESIDENT ST
CITY-ST-ZIP PALATKA FL 32177 ☒ DELETE

TITLE S
NAME JULIE SORENSON
STREET ADDRESS 406 BRONSON ST
CITY-ST-ZIP PALATKA FL 32177 ☒ DELETE

TITLE TD
NAME CLINT SNYDER
STREET ADDRESS 7300 CRILL AVE
CITY-ST-ZIP PALATKA FL 32177 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Gene Caputo
1.3 STREET ADDRESS 1308 President St.
1.4 CITY-ST-ZIP Palatka, FL 32177 ☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Ken Campbell
2.3 STREET ADDRESS 703 Emmett Street
2.4 CITY-ST-ZIP Palatka, FL 32177 ☐ Change ☒ Addition

3.1 TITLE S
3.2 NAME Neva Clark
3.3 STREET ADDRESS 2212 W. Diana Drive
3.4 CITY-ST-ZIP Palatka, FL 32177 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE D
5.2 NAME June T. Roberds
5.3 STREET ADDRESS 607 Carlin Rd.
5.4 CITY-ST-ZIP Satsuma, FL 32189 ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

June T. Roberds SIGNATURE OF SIGNING OFFICER OR DIRECTOR
June T. Roberds 4-27-99 904-328-0859
Date Daytime Phone #

CR2E037 (11/98)