


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90136 005 \*\*\*\*61.25

|  |         |     |   |   |  |
|--|---------|-----|---|---|--|
| <b>DOCUMENT # N97000005427</b>   |         |     |   |  |  |
| 1. Entity Name<br><b>CELEBRATE! PUTNAM – COUNCIL FOR HISTORIC, CULTURAL, AND NATURAL RESOURCES, INCORPORATED</b>                           |         |     |   |   |  |
| Principal Place of Business<br><b>216 REID STREET<br/>PALATKA FL</b>   |         |     | Mailing Address<br><b>102 JILL LANE<br/>SATSUMA FL 32189<br/>US</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |         |     | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |
| City & State   |         |     | City & State  |   |  |
| Zip  | Country | Zip | Country   | 4. FEI Number<br><b>59-3474716</b>  |  |
|  |         |     |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |         |     |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KEYSER &amp; WOODWARD, P.A.<br/>501 ATLANTIC AVENUE<br/>INTERLACHEN FL 32148</b> |         |     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |  |

**54053564**



MOORE CR2E037 (11/03)

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>CAPUTO, GENE<br/>1308 PRESIDENT ST.<br/>PALATKA FL 32177</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VD<br/>KEYSER, TIM<br/>501 ATLANTIC AVE<br/>INTERLACHEN FL 32148</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>TD<br/>ROBERDS, JUNE<br/>102 JILL LANE<br/>SATSUMA FL 32189</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SD<br/>SNYDER, EVELYN<br/>303 S 19TH ST<br/>PALATKA FL 32177</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD<br/>CROWLEY, STEVE<br/>113 RIVER ROAD<br/>SATSUMA FL 32189</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>HUBER, ARLENE<br/>1305 KIRBY STREET<br/>PALATKA FL 32177.</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-04 386-378-7100**

Date

Daytime Phone #