

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90528 040 ****61.25

DOCUMENT # N97000006803

1. Entity Name
THE WEST PUTNAM SAVE OUR CHILDREN INC.



Principal Place of Business
**WALKER-MONROE CENTER
157 SOUTH C-21
HAWTHORNE, FL 32640**

Mailing Address
**P.O. BOX 1688
HAWTHORNE, FL 32640**

50045910



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3513848

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINKNEY, GEORGE L III
21207 SE 62ND AVE
HAWTHORNE, FL 32640**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 PD ☐ Delete
NAME MONROE, BILLIE
STREET ADDRESS 1338 BADEN POWELL RD
CITY-ST-ZIP HAWTHORNE, FL 32640

TITLE 2VP ☐ Change ☒ Addition
NAME Erika Clemons
STREET ADDRESS 120 County Rd 21
CITY-ST-ZIP Hawthorne, FL 32640

TITLE 1VP ☐ Delete
NAME STRICKLAND, THEATRICE
STREET ADDRESS 111 FISHER TRAIL
CITY-ST-ZIP HAWTHORNE, FL 32640

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MONROE, WILLA
STREET ADDRESS 1342 BADEN POWELL RD
CITY-ST-ZIP HAWTHORNE, FL 32640

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME RHIM, TARGIE
STREET ADDRESS 220 BADEN POWELL ROAD
CITY-ST-ZIP HAWTHORNE, FL 32640

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME THOMAS, JAMES
STREET ADDRESS 1680 HIGHWAY 20
CITY-ST-ZIP HAWTHORNE, FL 32640

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Billie Monroe, President Billie Monroe 4/28/05* 352-395-5264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #