

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006803

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE WEST PUTNAM SAVE OUR CHILDREN INC.

Current Principal Place of Business:

WALKER-MONROE CENTER
157 SOUTH C-21
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1688
HAWTHORNE, FL 32640

New Mailing Address:

FEI Number: 59-3513848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: PD () Delete
Name: MONROE, BILLIE
Address: 1338 BADEN POWELL RD
City-St-Zip: HAWTHORNE, FL 32640

Title: 1VP () Delete
Name: STRICKLAND, THEATRICE
Address: 111 FISHER TRAIL
City-St-Zip: HAWTHORNE, FL 32640

Title: S () Delete
Name: MONROE, WILLA
Address: 1342 BADEN POWELL RD
City-St-Zip: HAWTHORNE, FL 32640

Title: T () Delete
Name: RHIM, TARGIE
Address: 220 BADEN POWELL ROAD
City-St-Zip: HAWTHORNE, FL 32640

Title: P (X) Delete
Name: DAVIS, MEDFORD
Address: 201 CHESSER MONROE RD
City-St-Zip: HAWTHORNE, FL 32640

Title: 2VP () Delete
Name: CLEMONS, ERIKA
Address: 120 COUNTY RD 21
City-St-Zip: HAWTHORNE, FL 32640

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
Name:
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 exemption stated in Chapter 119, 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: BILLIE MONROE

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date