

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90023 029 ****61.25

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DOCUMENT # N98000000114

1. Corporation Name

PALATKA COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business

201 NORTH 2ND. ST.
PALATKA FL 32177

Mailing Address

201 NORTH 2ND. ST.
PALATKA FL 32177



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/08/1998

4. FEI Number

59-6000401

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BUSH, ALLEN R
201 NORTH 2ND. ST.
PALATKA FL 32177

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

Allen R. Bush

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 6, 1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
HODGE, SUSAN M
STREET ADDRESS 1523 CARR ST.
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ DELETE

NAME VPD
LARSON, C.W. II
STREET ADDRESS P.O. BOX 550
CITY-ST-ZIP PALATKA FL 32178-0550

TITLE ☒ DELETE

NAME SD
BROWN, SUZANNE M
STREET ADDRESS BARNETT BANK, DRAWER 1187
CITY-ST-ZIP PALATKA FL 32178-1187

TITLE ☐ DELETE

NAME DT
MIKELL, JOHN L
STREET ADDRESS 511 ST. JOHNS AVE.
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ DELETE

NAME D
SHANKS, MARJORIE T
STREET ADDRESS 1400 OCEAN ST.
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ DELETE

NAME D
MYERS, LINDA O
STREET ADDRESS P.O. BOX 1772
CITY-ST-ZIP PALATKA FL 32178-1771

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SD
Ryan, Lynette
3.3 STREET ADDRESS Nations Bank, P.O. Drawer 1187
3.4 CITY-ST-ZIP Palatka, FL 32178-1187

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6, 1999

(904) 329-0100

Daytime Phone #

CR2E037 (11/98)