

DOCUMENT # N98000000114

1. Entity Name

PALATKA COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

201 NORTH 2ND. ST.
PALATKA FL 32177

201 NORTH 2ND. ST.
PALATKA FL 32177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6000401

Applied For

Not Applicable

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	HODGE, SUSAN M	1523 CARR ST.	PALATKA FL 32177	
	VPD			
	LARSON, C.W. II	P.O. BOX 550	PALATKA FL 32178-0550	
	SD			
	RYAN, LYNETTE	NATIONS BACK PO DRAWER 1187	PALATKA FL 32178-1187	
	DT			
	MIKELL, JOHN L	511 ST. JOHNS AVE.	PALATKA FL 32177	
	D			
	SHANKS, MARJORIE T	1400 OCEAN ST.	PALATKA FL 32177	
	D			
	MYERS, LINDA O	P.O. BOX 1772	PALATKA FL 32178-1771	

TITLE	NAME	STREET ADDRESS	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

DATE

Daytime Phone #

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90002 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)