

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000000114**

1. Entity 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

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. 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

**After September 13, 2002,
min. will be \$236.25.**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	PD	<input type="checkbox"/> Delete
NAME	HODGE, SUSAN M	
STREET ADDRESS	1523 CARR ST.	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LARSON, C.W. II	
STREET ADDRESS	P.O. BOX 550	
CITY-ST-ZIP	PALATKA FL 32178-0550	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	RYAN, LYNETTE	
STREET ADDRESS	NATIONS BACK PO DRAWER 1187	
CITY-ST-ZIP	PALATKA FL 32178-1187	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Delete
NAME	MIKELL, JOHN L	
STREET ADDRESS	511 ST. JOHNS AVE.	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SHANKS, MARJORIE T	
STREET ADDRESS	1400 OCEAN ST.	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, LINDA O	
STREET ADDRESS	P.O. BOX 1772	
CITY-ST-ZIP	PALATKA FL 32178-1771	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Allen R. Bush**July 8, 2002***FILED**
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90242 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)