

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2004 08:00 AM  
Secretary of State**

**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**



01082004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HODGE, SUSAN M
STREET ADDRESS	1523 CARR ST.
CITY- ST- ZIP	PALATKA, FL 32177
TITLE	VPD
NAME	LARSON, C.W. II
STREET ADDRESS	P.O. BOX 550
CITY- ST- ZIP	PALATKA, FL 321780550
TITLE	SD
NAME	RYAN, LYNETTE
STREET ADDRESS	NATIONS BANK PO DRAWER 1187
CITY- ST- ZIP	PALATKA, FL 321781187
TITLE	DT
NAME	MIKELL, JOHN L
STREET ADDRESS	511 ST. JOHNS AVE.
CITY- ST- ZIP	PALATKA, FL 32177
TITLE	D
NAME	SHANKS, MARJORIE T
STREET ADDRESS	1400 OCEAN ST.
CITY- ST- ZIP	PALATKA, FL 32177
TITLE	D
NAME	MYERS, LINDA O
STREET ADDRESS	P.O. BOX 1772
CITY- ST- ZIP	PALATKA, FL 321781772

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01/13/04-80038-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

**1/8/04 (386) 329-0100**  
Date Daytime Phone #