


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000000114 1. Entity Name PALATKA COMMUNITY DEVELOPMENT CORPORATION, INC.	
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Principal Place of Business 201 NORTH 2ND. ST. PALATKA, FL 32177	Mailing Address 201 NORTH 2ND. ST. PALATKA, FL 32177
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**DO NOT WRITE IN THIS SPACE**



07012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6000401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODGE, SUSAN M 1523 CARR ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LARSON, C.W. II P.O. BOX 550 PALATKA, FL 321780550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYAN, LYNETTE NATIONS BANK PO DRAWER 1187 PALATKA, FL 321781187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MIKELL, JOHN L 511 ST. JOHNS AVE. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANKS, MARJORIE T 1400 OCEAN ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, LINDA O P.O. BOX 1772 PALATKA, FL 321781772

U00000370957  
07/06/05-80003-002 61.25

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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)(f), 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 Allen R. Bush July 1, 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #