


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 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



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6000401	Applied For <input type="checkbox"/> 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 _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000584423 01/12/07-80036-021 61.25
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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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE  **Allen R. Bush** **1/4/07** **(386) 329-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #