

FILE NOW: FILING FEE IS \$61.25

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**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755077 (5)
1. Corporation Name
PUTNAM COUNTY HUNTING ASSOCIATION, INCORPORATED



Principal Place of Business P O BOX 1862 PALATKA FL 32178-8862	Mailing Address P O BOX 1862 PALATKA FL 32178-8862
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3. Date Incorporated or Qualified 11/12/1980	
4. FEI Number 59-2477469	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CLARK, RONALD E.
3899 OLDFIELD TRIAL
PALATKA FL 32177**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S JONES, BARBARA	1.2 NAME	Jones, Barbara
STREET ADDRESS	300 BELMONT DRIVE	1.3 STREET ADDRESS	300 Belmont Dr.
CITY-ST-ZIP	PALATKA FL 32177	1.4 CITY-ST-ZIP	Palatka, FL 32177
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HODGES, ALBERT	2.2 NAME	Hodges, Albert
STREET ADDRESS	RT. 1 BOX 148-H	2.3 STREET ADDRESS	Rt. 1 Box 148-H
CITY-ST-ZIP	GREEN COVE SPRINGS FL	2.4 CITY-ST-ZIP	Green Cove Springs, FL (1486 Highway 17 North)
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MORRIS, JIMMY	3.2 NAME	Morris, Jimmy
STREET ADDRESS	PO BOX 493 (N/A)	3.3 STREET ADDRESS	PO Box 493
CITY-ST-ZIP	FLORAHOME FL 32148	3.4 CITY-ST-ZIP	Florahome, FL 32148 (271 Indian Lakes Forest Road)
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T JONES, LYNN	4.2 NAME	Chastain, Lynn
STREET ADDRESS	300 BELMONT DR.	4.3 STREET ADDRESS	Rt. 3 Box 1984
CITY-ST-ZIP	PALATKA FL 32177	4.4 CITY-ST-ZIP	Palatka, FL 32177 (107 Lemon Lane)
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DENHAM, JEFF	5.2 NAME	Denham, Jeff
STREET ADDRESS	PO BOX 106 (N/A)	5.3 STREET ADDRESS	PO Box 106
CITY-ST-ZIP	HASTINGS FL 32145	5.4 CITY-ST-ZIP	Hastings, FL 32145 (N/A)
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SHEFFIELD, RODNEY	6.2 NAME	Sheffield, Rodney
STREET ADDRESS	RT. 3 BOX 1951	6.3 STREET ADDRESS	Rt 3 Box 1951
CITY-ST-ZIP	PALATKA FL 32177	6.4 CITY-ST-ZIP	Palatka, FL 32177 (104 Magnolia Lane)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynn Chastain* 1/18/98 (904)698-1238

CR2E037 (10/97)