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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90027 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755077**

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/12/1980	4. FEI Number 59-2477469	Applied For Not Applicable
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		

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
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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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	NAME: JONES, BARBARA STREET ADDRESS: 300 BELMONT DRIVE CITY-ST-ZIP: PALATKA FL 32177	1.1 TITLE: Secretary	1.2 NAME: Jones, Barbara 1.3 STREET ADDRESS: 300 Belmont Dr. 1.4 CITY-ST-ZIP: Palatka, FL 32177
TITLE: D	NAME: HODGES, ALBERT STREET ADDRESS: RT. 1 BOX 146-H CITY-ST-ZIP: GREEN COVE SPRINGS FL	2.1 TITLE: Treasurer	2.2 NAME: <del>Lynn</del> Chastain, Lynn 2.3 STREET ADDRESS: Rt. 3 Box 1964 2.4 CITY-ST-ZIP: Palatka, FL 32177
TITLE: D	NAME: MORRIS, JIMMY STREET ADDRESS: PO BOX 493 (N/A) CITY-ST-ZIP: FLORAHOME FL 32148	3.1 TITLE: Board of Director	3.2 NAME: Hodges, Albert 3.3 STREET ADDRESS: Rt. 4 Box 146-H 3.4 CITY-ST-ZIP: Green Cove Springs, FL 32043
TITLE: T	NAME: CHASTAIN, LYNN STREET ADDRESS: RT 3 BOX 1964 CITY-ST-ZIP: PALATKA FL 32177	4.1 TITLE: Board of Director	4.2 NAME: Morris, Jimmy 4.3 STREET ADDRESS: PO Box 493 (N/A) 4.4 CITY-ST-ZIP: Florahome, FL 32140
TITLE: D	NAME: DENHAM, JEFF STREET ADDRESS: PO BOX 106 (N/A) CITY-ST-ZIP: HASTINGS FL 32145	5.1 TITLE: Board of Director	5.2 NAME: Sweet, Chris 5.3 STREET ADDRESS: Rt 1 Box 6817 5.4 CITY-ST-ZIP: Palatka, FL 32177
TITLE: D	NAME: SHEFFIELD, RODNEY STREET ADDRESS: RT. 3 BOX 1951 CITY-ST-ZIP: PALATKA FL 32177	6.1 TITLE: Board of Director	6.2 NAME: Thomas, Johnny 6.3 STREET ADDRESS: Rt 5 Box 6410 6.4 CITY-ST-ZIP: Palatka, FL 32177

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 2/4/99 (904) 3203H  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)