

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2008
Secretary of State**

DOCUMENT# 755077

Entity Name: PUTNAM COUNTY HUNTING ASSOCIATION, INCORPORATED

Current Principal Place of Business:

173 LETTIE LANE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P O BOX 1862
PALATKA, FL 32178862

New Mailing Address:

FEI Number: 59-2477469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MUSGROVE, STACEY
Address: 173 LETTIE LANE
City-St-Zip: PALATKA, FL 32177

Title: V () Delete
Name: FAIRCLOTH, JODY
Address: 134 WILKINSON ROAD
City-St-Zip: PALATKA, FL 32177

Title: P () Delete
Name: CARNLEY, VICTOR
Address: 5125 SILVER LAKE DR.
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: CHASTAIN, LYNN
Address: 107 LEMON LANE
City-St-Zip: PALATKA, FL 32177

Title: BD () Delete
Name: WILLIAMS, BUTCH
Address: 139 JOHNS PLACE
City-St-Zip: PALATKA, FL 32177

Title: BD () Delete
Name: WILKINSON, JOHN
Address: 119 FULTON ROAD
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY MUSGROVE

Electronic Signature of Signing Officer or Director

TRES

04/05/2008

Date