

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90208 028 ****61.25

DOCUMENT # 755077

1. Entity 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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number **59-2477469** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE Delete
NAME **T MUSGROVE, STACEY**
STREET ADDRESS **173 LETTIE LANE**
CITY-ST-ZIP **PALATKA FL 32177**

TITILE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE Delete
NAME **BD HODGES, ALBERT**
STREET ADDRESS **RT. 1 BOX 146-H**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITILE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE Delete
NAME **BD CARHLEY, VICTOR**
STREET ADDRESS **5125 SILVER LAKE DR.**
CITY-ST-ZIP **PALATKA FL 32177**

TITILE Change Addition
NAME **Carhley, Victor**
STREET ADDRESS **5125 Silver Lake Drive**
CITY-ST-ZIP **Palatka, FL 32177**

TITILE Delete
NAME **S CHASTAIN, LYNN**
STREET ADDRESS **107 LEMON LANE**
CITY-ST-ZIP **PALATKA FL 32177**

TITILE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE Delete
NAME **BD KNIGHTON, LEE**
STREET ADDRESS **P O BOX 423**
CITY-ST-ZIP **BOSTWICK FL 32007**

TITILE Change Addition
NAME **BD Knighton, Lee**
STREET ADDRESS **PO Box 423**
CITY-ST-ZIP **BOSTWICK, FL 32007**

TITILE Delete
NAME **BD WILKINSON, BJ**
STREET ADDRESS **PO BOX 166**
CITY-ST-ZIP **BOOKWICK FL 32007**

TITILE Change Addition
NAME **BD Wilkinson, BJ**
STREET ADDRESS **PO Box 166**
CITY-ST-ZIP **Bostwick, FL 32007**

12. 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 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: *Stacey Musgrove*

4/28/03 (380)312 0079

CR2E037 (10/02)