

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003691

FILED
Apr 30, 2009
Secretary of State

Entity Name: PUTNAM LAND CONSERVANCY, INC.

Current Principal Place of Business:

501 ATLANTIC AVE.
INTERLACHEN, FL 32148

New Principal Place of Business:

1101 WHITEWATER DRIVE
PALATKA, FL 32177

Current Mailing Address:

P. O. BOX 92
INTERLACHEN, FL 32148

New Mailing Address:

P. O. BOX 8
PALATKA, FL, FL 32178

FEI Number: 01-0861643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEYSER, TIMOTHY
211 POINT IDA CT.
INTERLACHEN, FL 32148 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: D () Delete
Name: VIRNSTEIN, BOB
Address: 142 ELGIN RD
City-St-Zip: EAST PALATKA, FL 32131

Title: D () Delete
Name: THE LOSEN, WILLY
Address: 129 E COWPEN LAKE POINT RD
City-St-Zip: HAWTHORNE, FL 32640

Title: T () Delete
Name: PARKER, CATHERIN NEVIL
Address: 138 LAKE WINNOTT
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: STALLINGS, MIKE
Address: 188 LITTLE ORANGE LAKE DR
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: DURSCHER, KEVIN
Address: 230 KIRBY LANE
City-St-Zip: MELROSE, FL 32666

Title: D () Delete
Name: KEYSER, TIMOTHY
Address: 211 POINT IDA COURT
City-St-Zip: INTERLACHEN, FL 32148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CLAY, JR., TOMMY
Address: P.O. BOX 144
City-St-Zip: GRANDIN, FL 32138

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

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

Title: D (X) Change () Addition
Name: BROWN, CLAUDE
Address: 133 BAHIA TOP DRIVE
City-St-Zip: MELROSE, FL 32666

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: TOMMY CLAY, JR.

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date