

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003691

FILED
Apr 24, 2012
Secretary of State

Entity Name: PUTNAM LAND CONSERVANCY, INC.

Current Principal Place of Business:

501 ATLANTIC AVENUE
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: VIRNSTEIN, BOB
Address: 142 ELGIN RD
City-St-Zip: EAST PALATKA, FL 32131

Title: P
Name: BROWN, CLAUDE
Address: 133 BAHIA TOP DRIVE
City-St-Zip: MELROSE, FL 32666

Title: T
Name: THE LOSEN, WILLY
Address: 129 E. COWPEN LAKE PT. ROAD
City-St-Zip: HAWTHORNE, FL 32640

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

Title: S
Name: STALLINGS, JANIS
Address: 188 LITTLE ORANGE LAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640

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

I hereby 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 all other like empowered.

SIGNATURE: WILLY THE LOSEN

T

04/24/2012

Electronic Signature of Signing Officer or Director

Date