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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:13

DOCUMENT # N37687 (3)

1. Corporation Name
PUTNAM HABITAT FOR HUMANITY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2433 PALATKA FL 32178-2433	P.O. BOX 2433 PALATKA FL 32178-2433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1990
3a. Date of Last Report: 04/18/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

TOWNSEND, WILLIAM L., JR.
200 REID STREET
FIRST UNION BANK BLDG.
PALATKA FL 32177

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	~~GILYARD, SANDRA~~	1.2 NAME	Carol Miller	
STREET ADDRESS	~~115 LIVE OAK DRIVE~~	1.3 STREET ADDRESS	2913 Meadows Lane	
CITY-ST-ZIP	~~SAN MATEO FL~~	1.4 CITY-ST-ZIP	Palatka, Fla. 32177	
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, JOHN D	2.2 NAME		
STREET ADDRESS	RT 5 BOX 1822	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177	2.4 CITY-ST-ZIP		
TITLE	~~RSD~~	3.1 TITLE	Recording Sec	☒ Change ☐ Addition
NAME	~~ALTMAN, BECKY~~	3.2 NAME	Lynda Edson	
STREET ADDRESS	~~RT 3 BOX 2262~~	3.3 STREET ADDRESS	Rt 3 Box 532	
CITY-ST-ZIP	~~PALATKA FL 32177~~	3.4 CITY-ST-ZIP	Palatka, Fla. 32177	
TITLE	CSD	4.1 TITLE		☐ Change ☐ Addition
NAME	PETERMAN, DON	4.2 NAME		
STREET ADDRESS	RT 2 BOX 2916	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	CUTRER, KEITH	5.2 NAME		
STREET ADDRESS	RT 3 BOX 1294	5.3 STREET ADDRESS		
CITY-ST-ZIP	SATSUMA FL 32187	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, MAMIE	6.2 NAME		
STREET ADDRESS	510 SOUTH 7TH ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Keith C. Cutrer 4/3/95 (904)325-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024939