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Jun 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



3. Date Incorporated or Qualified
04/13/1990

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME MILLER, CAROL
STREET ADDRESS 2913 MEADOWS LANE
CITY-ST-ZIP PALATKA FL

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME VICKERS, James
1.3 STREET ADDRESS 124 Ashley Dr.
1.4 CITY-ST-ZIP Palatka, FL 32177

TITLE VPD ☐ DELETE

NAME ROWE, JOHN D
STREET ADDRESS RT 5 BOX 1822 N/A
CITY-ST-ZIP PALATKA FL 32177

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Miller, Carol
2.3 STREET ADDRESS 2913 Meadows Lane
2.4 CITY-ST-ZIP Palatka, FL 32177

TITLE RS ☐ DELETE

NAME MILLER, EUGENE JR
STREET ADDRESS 1519 ST. JOHNS AVE.
CITY-ST-ZIP PALATKA FL 32177

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Brown, Stanley
3.3 STREET ADDRESS Rt 3 Box 956 N/A
3.4 CITY-ST-ZIP Palatka, FL 32177

TITLE CSD ☐ DELETE

NAME PETERMAN, DON
STREET ADDRESS RT 2 BOX 2916 N/A
CITY-ST-ZIP PALATKA FL 32177

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME CUTRER, KEITH
STREET ADDRESS RT 3 BOX 1294
CITY-ST-ZIP SATSUMA FL 32187

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS Rt 5 Box 40 N/A
5.4 CITY-ST-ZIP Palatka FL 32177 6/6/97

TITLE D ☐ DELETE

NAME DAVIS, MAMIE
STREET ADDRESS 510 SOUTH 7TH ST.
CITY-ST-ZIP PALATKA FL 32177

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS 100002209481
6.4 CITY-ST-ZIP -06/11/97--01116--025
***61.25

14. I do 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 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.

CR2E037 (9/96)