


FILE NOW: FILING FEE IS \$61.25

FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37687** (3)
1. Corporation Name
PUTNAM HABITAT FOR HUMANITY, INC.



Principal Place of Business P.O. BOX 2433 PALATKA FL 32178-2433	Mailing Address P.O. BOX 2433 PALATKA FL 32178-2433
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3. Date Incorporated or Qualified 04/13/1990	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent TOWNSEND, WILLIAM L., JR. 200 REID STREET FIRST UNION BANK BLDG. PALATKA FL 32177	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	VICKERS, JAMES
STREET ADDRESS	124 ASHLEY DR.
CITY-ST-ZIP	PALATKA FL 32177
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ROWE, JOHN D
STREET ADDRESS	RT 5 BOX 1822
CITY-ST-ZIP	PALATKA FL 32177
TITLE	RS <input type="checkbox"/> DELETE
NAME	MILLER, EUGENE JR
STREET ADDRESS	1519 ST. JOHNS AVE.
CITY-ST-ZIP	PALATKA FL 32177
TITLE	CSD <input type="checkbox"/> DELETE
NAME	PETERMAN, DON
STREET ADDRESS	RT 2 BOX 2916
CITY-ST-ZIP	PALATKA FL 32177
TITLE	TD <input type="checkbox"/> DELETE
NAME	CUTRER, KEITH
STREET ADDRESS	TR 5 BOX 40
CITY-ST-ZIP	PALATKA FL 32177
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, MAMIE
STREET ADDRESS	610 SOUTH 7TH ST.
CITY-ST-ZIP	PALATKA FL 32177

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peterman, Don
1.3 STREET ADDRESS	RT 2 BOX 2916
1.4 CITY-ST-ZIP	PALATKA, FL 32177
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	900002540049
5.4 CITY-ST-ZIP	-05/29/98--01004--007
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***61.25
6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* *Keith Cutrer* *4/30/98* *904-2789197*

CR2E037 (10/97)