

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003691

Entity Name: PUTNAM LAND CONSERVANCY, INC.

Current Principal Place of Business:

501 ATLANTIC AVENUE
INTERLACHEN, FL 32148

Current Mailing Address:

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

FEI Number: 01-0861643

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEYSER, TIMOTHY
211 POINT IDA CT.
INTERLACHEN, FL 32148 US

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

Officer/Director Detail :

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

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

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

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

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

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

Title DIRECTOR
Name DOUGLASS, LAURIE
Address 187 E. COWPEN LAKE POINT RD.
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR
Name MODOLA, LISA
Address P.O.BOX 250
City-State-Zip: MELROSE FL 32666

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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

TREASURER

03/05/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILES, DAVID
Address 513 GORDON CHAPLE RD.
City-State-Zip: HAWTHORNE FL 32640