2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003691

Entity Name: PUTNAM LAND CONSERVANCY, INC.

FILED Apr 10, 2019 **Secretary of State** 4731077747CC

Current Principal Place of Business:

501 ATLANTIC AVENUE **501 ATLANTIC AVENUE** INTERLACHEN, FL 32148

Current Mailing Address:

P.O.BOX8

PALATKA, FL 32178 US

FEI Number: 01-0861643 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE LOSEN, WILLY **501 ATLANTIC AVENUE** 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: WILLY THE LOSEN 04/10/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title D

Name VIRNSTEIN, ROBERT Name BROWN, CLAUDE

Address C/O KEYSER & SHARBAUGH Address C/O KEYSER & SHARBAUGH **501 ATLANTIC AVENUE**

501 ATLANTIC AVENUE

INTERLACHEN FL 32148 INTERLACHEN FL 32148 City-State-Zip: City-State-Zip:

Title D Title

MODOLA, LISA Name KEYSER, TIMOTHY Name

Address C/O KEYSER & SHARBAUGH Address C/O KEYSER & SHARBAUGH

501 ATLANTIC AVENUE 501 ATLANTIC AVENUE

INTERLACHEN FL 32148 INTERLACHEN FL 32148 City-State-Zip: City-State-Zip:

Title Title S

WILES. DAVID R. Name KINSER, PALMER Name

Address C/O KEYSER & SHARBAUGH Address C/O KEYSER & SHARBAUGH

501 ATLANTIC AVENUE 501 ATLANTIC AVENUE

INTERLACHEN FL 32148 City-State-Zip: City-State-Zip: INTERLACHEN FL 32148

Title Т Title CONSERVATION DIRECTOR/CEO

BLOUNT, ROBERT Name Name THE LOSEN, WILLY

Address C/O KEYSER & SHARBAUGH Address 501 ATLANTIC AVENUE

> **501 ATLANTIC AVENUE** INTERLACHEN FL 32148

City-State-Zip: INTERLACHEN FL 32148 City-State-Zip:

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 04/10/2019 CONSERVATION DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date