

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1600000918

Entity Name: LIFT PUTNAM, INC.

Current Principal Place of Business:

200 SOUTH SEVENTH ST
PALATKA, FL 32177

Current Mailing Address:

P.O. BOX 402
PALATKA, FL 32178 US

FEI Number: 81-1573393

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DOUGLAS, PAM
200 SOUTH SEVENTH ST
PALATKA, FL 32177 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: PAM DOUGLAS

01/16/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ACTING EXECUTIVE DIRECTOR
Name DOUGLAS, PAM
Address P.O. BOX 402
City-State-Zip: PALATKA FL 32178

Title TREASURER
Name DOUGLAS, PAMELA
Address P.O. BOX 402
City-State-Zip: PALATKA FL 32178

Title SECRETARY
Name DOUGLAS, PAMELA
Address P.O. BOX 402
City-State-Zip: PALATKA FL 32178

Title DIRECTOR
Name NEWBOLD, JOHN
Address P.O. BOX 402
City-State-Zip: PALATKA FL 32178

Title DIRECTOR
Name OVERTURF, C.L. JR.
Address P.O. BOX 402
City-State-Zip: PALATKA FL 32178

Title DIRECTOR
Name KEYSER, TIMOTHY
Address P.O. BOX 402
City-State-Zip: PALATKA FL 32178

Title DIRECTOR
Name HOOD, DANNY
Address P.O. BOX 402
City-State-Zip: PALATKA FL 32178

Title DIRECTOR
Name OLIVER, JOYCE
Address P.O. BOX 402
City-State-Zip: PALATKA FL 32178

Continues on page 2

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: PAM DOUGLAS

**ACTING EXECUTIVE
DIRECTOR**

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILDE, NANCY
Address P.O. BOX 402
City-State-Zip: PALATKA FL 32178

Title DIRECTOR
Name THEOBOLD, JAMILA
Address P.O. BOX 402
City-State-Zip: PALATKA FL 32178