

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37687

**Entity Name:** PUTNAM HABITAT FOR HUMANITY, INC.**Current Principal Place of Business:**1605 WESTOVER DR  
PALATKA, FL 32177**Current Mailing Address:**P.O. BOX 2433  
PALATKA, FL 32178-2433 US**FEI Number:** 59-3008349**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, RAMICAH J  
205 HIGGINS STREET  
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:** RAMICAH JOHNSON

01/27/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name JOHNSON, RAMICAH J  
Address 205 HIGGINS STREET  
City-State-Zip: PALATKA FL 32177

Title DIRECTOR  
Name WOODWARD, MICHAEL  
Address PO BOX 92  
City-State-Zip: INTERLACHEN FL 32148

Title TREASURER  
Name ROBINSON, CHRISTINE  
Address 116 LEISURE DRIVE  
City-State-Zip: EAST PALATKA FL 32131

Title PRESIDENT  
Name KENNEDY, PATRICK  
Address 124 CENTRAL AVENUE  
City-State-Zip: CRESCENT CITY FL 32112

Title VP  
Name MYERS, LINDA  
Address 2500 FAIRWAY DR.  
City-State-Zip: PALATKA FL 32177

Title SECRETARY  
Name BRIDGES, BRENDA  
Address POB 1339  
City-State-Zip: PALATKA FL 32178

Title DIRECTOR  
Name GUY, JARED  
Address 130 ORIE GRIFFIN BLVD  
City-State-Zip: PALATKA FL 32177

Title DIRECTOR  
Name MAHAFFEY, KEN  
Address 477 S HWY 17  
City-State-Zip: EAST PALATKA FL 32131

**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:** RAMICAH JOHNSON

EXECUTIVE DIRECTOR

01/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PARKER, MELANIE  
Address 528 KRBY ST  
City-State-Zip: PALATKA FL 32177

Title DIRECTOR  
Name BERQUIST, JOHN  
Address POB 516  
City-State-Zip: POMONA PARK FL 32181

Title DIRECTOR  
Name ROBINSON, AARON  
Address 109 NICOLE DR.  
City-State-Zip: PALATKA FL 32177

Title DIRECTOR  
Name HEMPHILL, DANIEL  
Address POB 20  
City-State-Zip: INTERLACHEN FL 32148

Title DIRECTOR  
Name CYNTHIA , ASIA  
Address 424 N. FERNST.  
City-State-Zip: PALATKA FL 32177

Title DIRECTOR  
Name CAMPBELL, TIMOTHY  
Address 112 GUM CREEK TR  
City-State-Zip: INTERLACHEN FL 32148

Title DIRECTOR  
Name KELLY, LEE  
Address PO BOX 1296  
City-State-Zip: EAST PALATKA FL 32131

Title DIRECTOR  
Name SLOBODIAN, BECKY  
Address 106 TWINN LAKES RD.  
City-State-Zip: INTERLACHEN FL 32148

Title DIRECTOR  
Name LEVITT, DEBORAH  
Address 101 DOROTHY DR.  
City-State-Zip: INTERLACHEN FL 32148

Title DIRECTOR  
Name GARY, GETCHELL  
Address 100 HERJA ACRE LN.  
City-State-Zip: PALATKA FL 32177