

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37687

FILED
Jan 09, 2017
Secretary of State
CC8464367157

Entity Name: PUTNAM HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

2506 CRILL AVENUE
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

01/09/2017

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

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

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

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

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

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

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 VP
Name PARRISH, YVONNE
Address PO BOX 758
City-State-Zip: PALATKA FL 32178

Title DIRECTOR
Name DUKE, ANGEL
Address PO BOX 95
City-State-Zip: CRESCENT CITY FL 32112

Title DIRECTOR
Name HAFFNER, JERRY
Address POBOX 532
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 GREENWOD, JOHNNY MAJOR
Address 130 ORIE GRIFFIN BLVD.
City-State-Zip: PALATKA FL 32177

Title DIRECTOR
Name WILLIAMS, JOHN
Address PO BOX 916
City-State-Zip: CRESCENT CITY FL 32112