

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **729554** (6)
1. Corporation Name
PUTNAM COUNTY ASSOCIATION OF REALTORS, INC.



Principal Place of Business Mailing Address
**325 POINSETTIA AVENUE
PALATKA FL 32177
US**

3. Date Incorporated or Qualified **05/03/1974** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1969184	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JONES, NANCY S.
1301 REID STREET
PALATKA FL 32177**

10. Name and Address of New Registered Agent

81 Name **WISE, DOROTHY Z.**
82 Street Address (P.O. Box Number is Not Acceptable)
1301 REID STREET
83
84 City **PALATKA** FL 85 Zip Code **32177**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Dorothy Z. Wise
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, DIANNE	
STREET ADDRESS	ST. RD. 315, AND HWY 20	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STOCKTON, BRYNDA	
STREET ADDRESS	3400 CRILL AVE.	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, VICKIE	
STREET ADDRESS	RTE 2 BOX 199-M	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MACK, CYNTHIA	
STREET ADDRESS	1401 PALM AVE.	
CITY-ST-ZIP	PALATKA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JONES, NANCY S.	
STREET ADDRESS	1301 REID STREET	
CITY-ST-ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WISE, DOROTHY Z.	
13 STREET ADDRESS	1301 REID ST.	
14 CITY-ST-ZIP	PALATKA FL 32177	
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ELTON, ERNA	
23 STREET ADDRESS	936 HWY #20	
24 CITY-ST-ZIP	INTERLACHEN FL 32148	
31 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HUTCHENS, WM.	
33 STREET ADDRESS	3400 CRILL AVENUE	
34 CITY-ST-ZIP	PALATKA FL 32177	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	POWELL, EDWARD T.	
43 STREET ADDRESS	225 NO SECOND ST.	
44 CITY-ST-ZIP	PALATKA FL 32177	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	NICOSIA, SUE	
53 STREET ADDRESS	1177 HWY 20	
54 CITY-ST-ZIP	INTERLACHEN FL 32148	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	SAVEL, JANCY	
63 STREET ADDRESS	SR 315 and HWY 20	
64 CITY-ST-ZIP	INTERLACHEN FL 32148	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dorothy Z. Wise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 328-9473

CR2E037 (12/95)