

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746486

FILED
May 05, 2008
Secretary of State

Entity Name: PUTNAM COUNTY BAR ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 2114
PALATKA, FL 32178

New Principal Place of Business:

413 ST JOHNS AVENUE
PALATKA, FL 32177

Current Mailing Address:

P O BOX 2114
PALATKA, FL 32178

New Mailing Address:

FEI Number: 59-2912446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FIELDS, ROBERT
413 ST JOHNS AVE
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: FIELDS, ROBERT
Address: 413 ST JOHN AVE
City-St-Zip: PALATKA, FL 32177

Title: P () Delete
Name: HOWELL, KEITH
Address: 413 ST JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

Title: VP () Delete
Name: BRADLEY, BRAD
Address: 413 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WOOD, GARRY
Address: 413 ST JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

Title: VP (X) Change () Addition
Name: FIELDS, ROBERT
Address: 413 ST JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT FIELDS

VP

05/05/2008

Electronic Signature of Signing Officer or Director

Date