SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:11

DOCUMENT # 754154 (3)

1. Corporation Name
PUTNAM COUNTY HUMANE SOCIETY, INC

Principal Place of Business	Mailing Address
112 NORMA ST HOLLISTER FL 32147 US	BOX 188 HOLLISTER FL 32147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1980
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2120196 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

SCHWARM, LEONARD
RR 1 BOX 336
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

81 Name: DONALD PETERMAN
82 Street Address (P.O. Box Number is Not Acceptable): ROUTE 2, Box 2916
83
84 City: PALATKA FL 85 Zip Code: 32177-9642

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: D. Peterman — DONALD PETERMAN — 6-8-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	SCHWARM, LEONARD L	12 NAME	PETERMAN, DONALD
STREET ADDRESS	RR 1 BOX 336	13 STREET ADDRESS	ROUTE 2, Box 2916
CITY-ST-ZIP	INTERLACHEN FL	14 CITY-ST-ZIP	PALATKA FL 32177-9642
TITLE	TD	21 TITLE	TD ☒ Change ☐ Addition
NAME	PETERMAN, DONALD	22 NAME	SMITHSON, GAIL
STREET ADDRESS	RR 2 BOX 2916	23 STREET ADDRESS	PO BOX 1169
CITY-ST-ZIP	PALATKA FL	24 CITY-ST-ZIP	INTERLACHEN FL 32148
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	STINNETTEE, NATHAN	32 NAME	SCHWARM, LEONARD
STREET ADDRESS	RT. 1 BOX 161	33 STREET ADDRESS	ROUTE 1, BOX 336
CITY-ST-ZIP	CRECENT CITY FL	34 CITY-ST-ZIP	INTERLACHEN FL 32148
TITLE	SD	41 TITLE	VD ☒ Change ☐ Addition
NAME	HOCH REITER, PAULINE	42 NAME	ABBOTT, HOLLY
STREET ADDRESS	RT 1, BOX 219-C	43 STREET ADDRESS	HCR 61 BOX 243AA
CITY-ST-ZIP	INTERLACHEN FL	44 CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	SD	51 TITLE	SD ☒ Change ☐ Addition
NAME	PETERMAN, JOYCE	52 NAME	PETERMAN, JOYCE
STREET ADDRESS	RR 2 BOX 2916	53 STREET ADDRESS	ROUTE 2, Box 2916
CITY-ST-ZIP	PALATKA FL	54 CITY-ST-ZIP	PALATKA FL 32177-9642
TITLE	VD	61 TITLE	SD ☒ Change ☐ Addition
NAME	ABBOTT, HOLLY	62 NAME	FRIEB, DOLORES
STREET ADDRESS	RT 1, BOX 105	63 STREET ADDRESS	PO BOX 1390
CITY-ST-ZIP	POMONA PARK F	64 CITY-ST-ZIP	INTERLACHEN FL 32148

CR2E037 (3/95)

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)(i), 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: D. J. Peterman — D. J. PETERMAN — 6/9/95 — 904-328-7537
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0017053