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FILED

Feb 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 754154 (3)

1. Corporation Name

PUTNAM COUNTY HUMANE SOCIETY, INC

Principal Place of Business

Mailing Address

112 NORMA ST  
HOLLISTER FL 32147  
USBOX 188  
HOLLISTER FL 32147-01883. Date Incorporated or Qualified  
09/15/19803a. Date of Last Report  
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

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4. FEI Number  
59-2120196Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERMAN, DONALD  
RT 2 BOX 2916  
PALATKA FL 32177

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE  
NAME PETERMAN, DONALD  
STREET ADDRESS RT 2 BOX 2916  
CITY - ST - ZIP PALATKA FL1.1 TITLE TD ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE TD ☒ DELETE  
NAME JORGENSEN, KATHY  
STREET ADDRESS P.O. BOX 700  
CITY - ST - ZIP INTERLACHEN FL2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME SCHWARM, LEONARD  
2.3 STREET ADDRESS ROUTE 1, BOX 334  
2.4 CITY - ST - ZIP INTERLACHEN, FL 32148TITLE VD ☐ DELETE  
NAME FRIEB, DOLORES  
STREET ADDRESS P.O. BOX 1390  
CITY - ST - ZIP INTERLACHEN FL (N/A)3.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE VD ☐ DELETE  
NAME ABBOTT, HOLLY  
STREET ADDRESS HCR 1 BOX 243AA  
CITY - ST - ZIP CRESCENT CITY FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE SD ☐ DELETE  
NAME PETERMAN, JOYCE  
STREET ADDRESS RT 2 BOX 2916  
CITY - ST - ZIP PALATKA FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE SD ☒ DELETE  
NAME CALDWELL, VICKY  
STREET ADDRESS RT. 1 BOX 2815  
CITY - ST - ZIP PALATKA FL6.1 TITLE SD ☐ Change ☒ Addition  
6.2 NAME ROSE, MICHELLE  
6.3 STREET ADDRESS 5104 SILVER LAKE DRIVE  
6.4 CITY - ST - ZIP PALATKA, FL 32177

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* D.J. PETERMAN 1/17/97 (904) 325-1587  
Signature and typed or printed name of signing officer or director Date Daytime Phone (904) 325-1587

CR2E037 (9/96)