

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754154** (3)  
1. Corporation Name  
**PUTNAM COUNTY HUMANE SOCIETY, INC**

Principal Place of Business <b>112 NORMA ST HOLLISTER FL 32147 US</b>	Mailing Address <b>BOX 188 HOLLISTER FL 32147</b>
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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
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3. Date Incorporated or Qualified <b>09/15/1980</b>	4. FEI Number <b>59-2120196</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**PETERMAN, DONALD  
RT 2 BOX 2916  
PALATKA FL 32177**

10. Name and Address of New Registered Agent 81 Name <b>DOLORES T. FRIED</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>120 BONNIE AVE.</b> 83 <b>(MAILING ADDRESS PO BOX 1390)</b> 84 City <b>INTERLACHEN</b> FL 85 Zip Code <b>32148</b>
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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 *Dolores T. Fried* DATE **March 9, 1998**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	PETERMAN, DONALD	
STREET ADDRESS	RT 2 BOX 2916	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARM, LEONARD	
STREET ADDRESS	RT 1 BOX 338	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRIED, DOLORES	
STREET ADDRESS	P.O. BOX 1390	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ABBOTT, HOLLY	
STREET ADDRESS	HCR 1 BOX 243AA	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PETERMAN, JOYCE	
STREET ADDRESS	RT 2 BOX 2916	
CITY-ST-ZIP	PALATKA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, MICHELLE	
STREET ADDRESS	5104 SILVER LAKE DR	
CITY-ST-ZIP	PALATKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOLORES T. FRIED	
1.3 STREET ADDRESS	120 BONNIE AVE (P.O. BOX 1390) (P)	
1.4 CITY-ST-ZIP	INTERLACHEN, FL 32148-1390	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN HOCHREITER (VD)	
2.3 STREET ADDRESS	805 DAWN AVE	
2.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	
3.1 TITLE	BOARD MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KEVEN DURSCHEN (P)	
3.3 STREET ADDRESS	P.O. BOX 1022) 230 MIRBY LN. GRANDIN	
3.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CAROL KEULER (TD)	
4.3 STREET ADDRESS	6006 FIRST MANOR ST	
4.4 CITY-ST-ZIP	PALATKA, FL 32177	
5.1 TITLE	RECORDING SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PAULINE HOCHREITER (SD)	
5.3 STREET ADDRESS	805 DAWN AVE	
5.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	
6.1 TITLE	CORRESPONDING SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARK NOWAK (SD)	
6.3 STREET ADDRESS	1450 WALNUT ST.	
6.4 CITY-ST-ZIP	STARK, FL 32091	

14. I 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: *Dolores T. Fried* 2/18/98 (904) 684-3186

CR2E037 (10/97)