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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90129 001 ****61.25

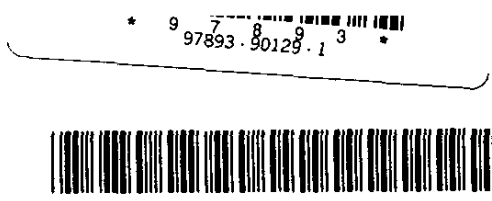
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754154

1. Corporation Name
PUTNAM COUNTY HUMANE SOCIETY, INC

Principal Place of Business 112 NORMA ST HOLLISTER FL 32147 US	Mailing Address BOX 188 HOLLISTER FL 32147
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/15/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2120196
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FRIEB, DOLORES T. 120 BONNIE AVE INTERLACHEN FL 32148	10. Name and Address of New Registered Agent 81 Name DON PETERMAN 82 Street Address (P.O. Box Number is Not Acceptable) 83 124 CEDAR CREEK ROAD 84 City PALATKA FL 85 Zip Code 32177
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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 *Don Peterman* **DON PETERMAN** **01/05/99**
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 D	<input type="checkbox"/> DELETE DURSCHER, KEVEN 230 KIRBY LANE GRANDIN FL 32138	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	<input checked="" type="checkbox"/> DELETE KEYLER, CAROL 6006 FIRST MANOR ST PALATKA FL 32177	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD DON PETERMAN 124 CEDAR CREEK ROAD PALATKA, FL 32177
TITLE P	<input type="checkbox"/> DELETE FRIEB, DOLORES P.O. BOX 1390 INTERLACHEN FL 32148	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD
TITLE VD	<input checked="" type="checkbox"/> DELETE HOCHREITER, JOHN 805 DAWN AVE INTERLACHEN FL 32148	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SD DONNA HARSHMAN 415 SLEGGY HOLLOW DRIVE INTERLACHEN, FL 32148
TITLE SD	<input checked="" type="checkbox"/> DELETE HOCHREITER, PAULINE 805 DAWN AVE INTERLACHEN FL 32148	5.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PD RENEE HULSMAN PO BOX 656 SAN MATEO, FL 32187-0656
TITLE SD	<input checked="" type="checkbox"/> DELETE NOWAK, MARK 1450 WALNUT ST STARK FL 32091	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VD CAMILLE DOTSON ROUTE 1, BOX 1144A PALATKA, FL 32177

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, with all other like empowered.

SIGNATURE *Don Peterman* **DON PETERMAN** **01/05/99 (904) 328-7537**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (11/98)