

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90034 030 ****70.00

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09072005 Chg-NP CR2E037 (10/03)

DOCUMENT # 755077 1. Entity Name PUTNAM COUNTY HUNTING ASSOCIATION, INCORPORATED					
Principal Place of Business P O BOX 1862 PALATKA, FL 32178-8862			Mailing Address P O BOX 1862 PALATKA, FL 32178-8862		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-2477469	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CLARK, RONALD E. 3899 OLDFIELD TRIAL PALATKA, FL 32177				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUSGROVE, STACEY <input type="checkbox"/> Delete 173 LETTIE LANE PALATKA, FL 32177				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HODGES, ALBERT <input checked="" type="checkbox"/> Delete RT. 1 BOX 146-H GREEN COVE SPRINGS, FL 32043				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE CARNLEY, VICTOR <input checked="" type="checkbox"/> Delete 5125 SILVER LAKE DR. PALATKA, FL 32177				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHASTAIN, LYNN <input type="checkbox"/> Delete 107 LEMON LANE PALATKA, FL 32177				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD THOMAS, ROY <input type="checkbox"/> Delete 129 STOKES LANDING RD PALATKA, FL 32177				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD CONE, JOHN <input checked="" type="checkbox"/> Delete 398 BARDIN ROAD PALATKA, FL 32177				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition President Victor Carnley 5125 Silver Lake Drive Palatka, FL 32177				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Jimmy Morris 201 Indian Lake Forest Rd. Florahome, FL 32140				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Board Wilkinson, John 119 Fulton Road Palatka, FL 32177				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Stacey Musgrove</u> <u>Stacey Musgrove</u> <u>9/7/05</u> <u>(386) 312-0079</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					