

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011253

FILED
Apr 22, 2007
Secretary of State

Entity Name: PUTNAM MARITIME HERITAGE CORPORATION

Current Principal Place of Business:

605 FRONT STREET
WELAKA, FL 32193

New Principal Place of Business:

501 4TH AVENUE
WELAKA, FL 32193

Current Mailing Address:

PO BOX 1210
WELAKA, FL 32193

New Mailing Address:

FEI Number: 65-1237898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEAS, CARON
613 ST. JOHNS AVE., STE. 203
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPEAS, RAND
Address: P.O. BOX 1210
City-St-Zip: WELAKA, FL 32193

Title: VP () Delete
Name: SPEAS, MARIANNE
Address: P.O. BOX 1210
City-St-Zip: WELAKA, FL 32193

Title: D () Delete
Name: JEFFERSON, JAN
Address: P.O. BOX 250
City-St-Zip: WELAKA, FL 32193

Title: D () Delete
Name: BABCOCK, DON
Address: 161 CREEKSIDE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: DUNSON, MARTIN
Address: P.O. BOX 26
City-St-Zip: POMONA PARK, FL 32181

Title: D () Delete
Name: ALVERS, NANCY
Address: PO BOX 368
City-St-Zip: SAN MATEO, FL 32187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANNE SPEAS

VP

04/22/2007

Electronic Signature of Signing Officer or Director

Date