FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:02

DOCUMENT # **N22837** **(1)**

1. Corporation Name

THE PUTNAM SOCIETY, INC.

Principal Place of Business	Mailing Address
P O BOX 184 PALATKA FL 32178	P O BOX 184 PALATKA FL 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1987
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2871467 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LARSON, WES
1100 REID ST
PALATKA FL 32177

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE C.W. Larson, C W LARSON II 2-10-95
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	1.1 TITLE	D	☑ Change ☐ Addition
NAME	CHAPMAN, STEVE A PA	1.2 NAME	Tito Smith	
STREET ADDRESS	100 N. PALM AVE.	1.3 STREET ADDRESS	601 St. Johns Avenue	
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	Palatka, FL 32177	
TITLE	P	2.1 TITLE	D	☑ Change ☐ Addition
NAME	JACOWAY, T.H.	2.2 NAME		
STREET ADDRESS	3500 ST. JOHNS AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	Palatka, FL 32177	
TITLE	TD P	3.1 TITLE	P	☑ Change ☐ Addition
NAME	WEBB, BOB	3.2 NAME		
STREET ADDRESS	RT. 3 BOX 42	3.3 STREET ADDRESS		
CITY-ST-ZIP	E. PALATKA FL	3.4 CITY-ST-ZIP	East Palatka, FL 32131	
TITLE	S	4.1 TITLE		☑ Change ☐ Addition
NAME	LARSON, WES	4.2 NAME		
STREET ADDRESS	1100 REID ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	Palatka, FL 32177	
TITLE	D	5.1 TITLE		☑ Change ☐ Addition
NAME	POWELL, EDWARD T	5.2 NAME	John Wolfenden	
STREET ADDRESS	225 N END ST.	5.3 STREET ADDRESS	700 Zeagler Drive, S-9	
CITY-ST-ZIP	PALATKA FL	5.4 CITY-ST-ZIP	Palatka, FL 32178	
TITLE		6.1 TITLE	D	☐ Change ☑ Addition
NAME		6.2 NAME	Tito Smith	
STREET ADDRESS		6.3 STREET ADDRESS	601 St. Johns Avenue	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Palatka, FL 32177	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: C.W. Larson, C.W. LARSON II 3-2-95 904-328-1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0024403