

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N22837** (1)  
1. Corporation Name  
**THE PUTNAM SOCIETY, INC.**



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

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

3. Date Incorporated or Qualified **10/05/1987** 3a. Date of Last Report **03/09/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 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 Signature typed or printed name of registered agent and, if it is available, (NOTE: Registered Agent Signature required when translating) DATE

12. OFFICERS AND DIRECTORS  
TITLE D ~~DELETE~~  
NAME **SMITH, TITO**  
STREET ADDRESS **601 ST. JOHNS AVE.**  
CITY-ST-ZIP **PALATKA FL**  
TITLE P ~~DELETE~~  
NAME **JACOWAY, T.H.**  
STREET ADDRESS **3500 ST. JOHNS AVE.**  
CITY-ST-ZIP **PALATKA FL**  
TITLE ~~TO~~ ☐ DELETE  
NAME **WEBB, BOB**  
STREET ADDRESS **RT. 3 BOX 42**  
CITY-ST-ZIP **E. PALATKA FL**  
TITLE S ☐ DELETE  
NAME **LARSON, WES**  
STREET ADDRESS **1100 REID ST**  
CITY-ST-ZIP **PALATKA FL**  
TITLE D ~~DELETE~~  
NAME **WOLFENDEN, JOHN**  
STREET ADDRESS **700 ZEAAGLER DR., 5-9**  
CITY-ST-ZIP **TALATKA FL**  
TITLE D ~~DELETE~~  
NAME **SMITH, TITO**  
STREET ADDRESS **601 ST. JOHNS AVE.**  
CITY-ST-ZIP **PALATKA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE P ☐ Change ☒ Addition  
12 NAME **TAYLOR, EDWARD C, PhD**  
13 STREET ADDRESS **RT. 2, BOX 5270**  
14 CITY-ST-ZIP **PALATKA, FL 32177**  
21 TITLE ☐ Change ☐ Addition  
22 NAME **D**  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE ~~STANTON, MARK~~ ☐ Change ☒ Addition  
52 NAME **STANTON, MARK**  
53 STREET ADDRESS **3424 ST. JOHNS AVE**  
54 CITY-ST-ZIP **PALATKA, FL 32177**  
61 TITLE ~~TO~~ ☐ Change ☒ Addition  
62 NAME **PICKENS, JOE**  
63 STREET ADDRESS **222 N. 3rd street**  
64 CITY-ST-ZIP **PALATKA, FL 32177-3710**

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)(k), 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: *[Signature]* 2-3-96 904/328-1503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)