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FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32178P O BOX 184
PALATKA FL 32178-01843. Date Incorporated or Qualified
10/05/19873a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSON, WES
1100 REID ST
PALATKA FL 32177

81 Name

MATTHEWS, TAYLOR

82 Street Address (P.O. Box Number is Not Acceptable)

2021 COUNTRY CLUB TERRACE

83

84 City

PALATKA

FL

85

Zip Code
32177

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

Taylor Matthews, TAYLOR MATTHEWS, President

3-3-97

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	P	DELETE
NAME	TAYLOR, EDWARD C. PHD	
STREET ADDRESS	RT 2 BOX 5270	
CITY - ST - ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEBB, BOB	
STREET ADDRESS	RT. 3 BOX 42	
CITY - ST - ZIP	E. PALATKA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LARSON, WES	
STREET ADDRESS	1100 REID ST	
CITY - ST - ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STANTON, MARK	
STREET ADDRESS	3424 ST JOHNS AVENUE	
CITY - ST - ZIP	PALATKA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PICKENS, JOE	
STREET ADDRESS	222 N 3RD STREET	
CITY - ST - ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MATTHEWS, TAYLOR
1.3 STREET ADDRESS	2021 COUNTRY CLUB TERRACE
1.4 CITY - ST - ZIP	PALATKA, FL 32177
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PICKENS, JOE
3.3 STREET ADDRESS	2041 COUNTRY CLUB TERRA
3.4 CITY - ST - ZIP	PALATKA, FL 32177
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S/T
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HUNTLEY, BILL
5.3 STREET ADDRESS	RT. 1, BOX 826
5.4 CITY - ST - ZIP	E. PALATKA, FL 32131
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, changed, or on an Attachment with an address.

SIGNATURE:

Taylor Matthews, President

3-3-97

904/825-7992

CR2E037 (9/96)