2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N33565

1. Entity Name
PUTNAM COUNTY GENEALOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
601 COLLEGE RD PALATKA, FL 33177	PO BOX 2354 PALATKA, FL 32178

01172008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2978161
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ODOM, SANDRA H
1311 HWY 19 SOUTH
PALATKA, FL 32177

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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.

SIGNATURE Sandra H Odom SANDRA H. ODOM 2/7/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	VARNES, SHARON
STREET ADDRESS	100 NANCY PLACE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	SMITH, ALTA H
STREET ADDRESS	1307 HWY 19 SOUTH
CITY-ST-ZIP	EAST PALATKA, FL 32131
TITLE	D
NAME	MCLEOD, CARLIS J
STREET ADDRESS	2014 CHERRY LANE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	ZETROWER, LEROY
STREET ADDRESS	817 S 15TH ST.
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	DT
NAME	ODOM, SANDRA
STREET ADDRESS	1311 HWY 19 SOUTH
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	P
NAME	ZANDER, MELBA
STREET ADDRESS	P.O. BOX 520
CITY-ST-ZIP	SAN MATEO, FL 32187

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05/30/08-80075-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sandra H Odom SANDRA H. ODOM 2/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #