

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37687

FILED
Apr 16, 2008
Secretary of State

Entity Name: PUTNAM HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

1605 WESTOVER DR
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2433
PALATKA, FL 321782433

New Mailing Address:

FEI Number: 59-3008349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOWNSEND, WILLIAM L., JR.
200 REID STREET
FIRST UNION BANK BLDG.
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

MELFI, JAMES C
411 SOUTH 19TH STREET
PALATKA, FL 32177 US

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: JAMES C. MELFI

04/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: MELFI, JAMES C
Address: 411 SOUTH 19TH ST.
City-St-Zip: PALATKA, FL 32177

Title: P () Delete
Name: ODOM, ETHELENE MS.
Address: 2010 CARR ST.
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: PEMBER, DONNA MS.
Address: 217 PORT COMFORT DR.
City-St-Zip: EAST PALATKA, FL 32131

Title: V () Delete
Name: PEMBER, WILLIAM MR.
Address: 217 PORT COMFORT DR.
City-St-Zip: EAST PALATKA, FL 32131

Title: V () Delete
Name: PETERMAN, DON MR.
Address: 124 CEDAR CREEK RD.
City-St-Zip: PALATKA, FL 32177

Title: T () Delete
Name: HORTON, MILDRED MS.
Address: 108 TIMBER LANE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change () Addition
Name: MELFI, JAMES C MR.
Address: 411 SOUTH 19TH ST.
City-St-Zip: PALATKA, FL 32177

Title: P (X) Change () Addition
Name: PEMBER, BILL MR.
Address: 217 PORT COMFORT DRIVE
City-St-Zip: EAST PALATKA, FL 32131

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

Title: V (X) Change () Addition
Name: VENABLES, KEN MR.
Address: 2002 CHERRY LANE
City-St-Zip: PALATKA, FL 32177

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 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: JAMES C. MELFI

M

04/16/2008

Electronic Signature of Signing Officer or Director

Date