

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N37687

**FILED**  
**Oct 18, 2012**  
**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 US

**New Mailing Address:**

**FEI Number:** 59-3008349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** M  
**Name:** MELFI, JAMES C MR.  
**Address:** 411 SOUTH 19TH ST.  
**City-St-Zip:** PALATKA, FL 32177 US

**Title:** V  
**Name:** WOODWARD, MICHAEL MR.  
**Address:** PO BOX 92  
**City-St-Zip:** INTERLACHEN, FL 32148 US

**Title:** S  
**Name:** ALLEN, LAURA MRS.  
**Address:** PO BOX 1159  
**City-St-Zip:** WELAKA, FL 32193 US

**Title:** P  
**Name:** MYERS, VERNON MR.  
**Address:** 2500 FAIRWAY DRIVE  
**City-St-Zip:** PALATKA, FL 32177 US

**Title:** T  
**Name:** MYERS, LINDA  
**Address:** 2500 FAIRWAY DRIVE  
**City-St-Zip:** PALATKA, FL 32177 US

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES C. MELFI

M

10/18/2012

Electronic Signature of Signing Officer or Director

Date