2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37798

FILED Mar 22, 2009 Secretary of State

Entity Name: THE PUTNAM COUNTY VOLUNTEER FIRE SERVICE, INC.

Current Principal Place of Business: New Principal Place of Business: 3409 PARK STREET PALATKA, FL 32177 **Current Mailing Address: New Mailing Address:** PO BOX 262 PALATKA, FL 32178 FEI Number: 59-3020226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEATON, LAURENCE F 627 CRILL AVENUE PALATKA, FL 321775139 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TILTON, LANCE MILLS, STEVE Name: Name: 314 YELVINGTON RD Address: 102 POINCIANA DRIVE Address: City-St-Zip: EAST PALATKA, FL 32131 City-St-Zip: INTERLACHEN, FL 32148 Title: () Delete Title: (X) Change () Addition VALENTINE, BARBARA Name: TILTON, LANCE Name: Address: 233 LAKE LUCY CRESCENT Address: 314 YELVINGTON RD City-St-Zip: INTERLACHEN, FL 32148 City-St-Zip: EAST PALATKA, FL 32131 Title: () Delete Title: () Change () Addition CLARK, RICHARD Name: Name: 120 RACHEL ROAD Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: () Change () Addition DAVENPORT, DONNA Name: Name: 600 SR 20 Address: Address: City-St-Zip: HOLLISTER, FL 32147 City-St-Zip: Title: () Delete Title: AS (X) Change () Addition ELLIS, MATT FLYNN, CATINA Name: Name: 223 STARLAKE DRIVE 241 BAY STREET Address: Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: HAWTHORNE, FL 32640 Title: () Delete Title: (X) Change () Addition MILLS, STEVE PRICE RON Name: Name: Address: 102 POLCIANA DRIVE Address: 105 N CEDAR AVENUE INTERLACHEN, FL 32148 FLORAHOME, FL 32140 City-St-Zip: 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: RICHARD CLARK T 03/22/2009