

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004400 (4)**

1. Corporation Name

FRIENDS OF THE PUTNAM, INC.



Principal Place of Business P O BOX 1419 CROSS CITY FL 32680	Mailing Address P O BOX 1419 CROSS CITY FL 32680
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3. Date Incorporated or Qualified 07/23/1997	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

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	29
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MOELLER, ROBERT COUNTY ROAD 351 AND WILSON STREET CROSS CITY FL 32680	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	MOELLER, ROBERT
STREET ADDRESS	P O BOX 1419 N/A
CITY-ST-ZIP	CROSS CITY FL 32628
TITLE	D <input type="checkbox"/> DELETE
NAME	HODGES, ANNE G
STREET ADDRESS	P O BOX 1409 N/A
CITY-ST-ZIP	CROSS CITY FL 32628
TITLE	D <input type="checkbox"/> DELETE
NAME	HUNT, DANA D
STREET ADDRESS	P O BOX 2281 N/A
CITY-ST-ZIP	CROSS CITY FL 32628
TITLE	D <input type="checkbox"/> DELETE
NAME	FOUNTAIN, FRITZ D
STREET ADDRESS	P O BOX 478 N/A
CITY-ST-ZIP	CROSS CITY FL 32628
TITLE	D <input type="checkbox"/> DELETE
NAME	CLINE, EVONE
STREET ADDRESS	P O BOX ONE N/A
CITY-ST-ZIP	HORSESHOE BCH FL 32648
TITLE	D <input type="checkbox"/> DELETE
NAME	LAMBERT, RONNIE
STREET ADDRESS	HC3 BOX 306 N/A
CITY-ST-ZIP	OLD TOWN FL 32628

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)