

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000007168

1. Entity Name
PUTNAM COUNTY ENVIRONMENTAL COUNCIL, INC.



Principal Place of Business
**501 ATLANTIC AVENUE
INTERLACHEN, FL 32148**

Mailing Address
**P.O. BOX 92
INTERLACHEN, FL 32148**



07222004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3486025

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KEYSER & WOODWARD, P.A.
501 ATLANTIC AVENUE
INTERLACHEN, FL 32148**

**DO NOT WRITE
IN THIS SPACE**

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

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000168126
07/26/04-80001-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEYSER, TIMOTHY 211 POINT IDA CT INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOKERNOOT, SANDRA 117 POINT OF WOODS TRAIL PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISA, CHERIE 517 SOUTH FRANCIS STREET INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDOZ, ROGER 204 HUSSON AVENUE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AHLERS, KAREN 124 VAUSE LAKE ROAD HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORTEZ, ROSEMARY 111 TWIN LAKES GROVE COURT INTERLACHEN, FL 32148

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Keyser
Timothy Keyser

Date

Daytime Phone #

(386) 684-4673