2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N97000007168

Entity Name: PUTNAM COUNTY ENVIRONMENTAL COUNCIL, INC.

Current Principal Place of Business:

501 ATLANTIC AVENUE
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 92
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 59-3486025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	KEYSER, TIMOTHY	
Address:	211 POINT IDA CT	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	SD	( ) Delete
Name:	GALLOWAY, BARBARA	
Address:	P.O. BOX 477	
City-St-Zip:	LAKE COMO, FL 32157	
Title:	D	( ) Delete
Name:	MORRISA, CHERIE	
Address:	517 SOUTH FRANCIS STREET	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	D	( ) Delete
Name:	JENKINS, JOHN	
Address:	211 PALMWAY DRIVE	
City-St-Zip:	SATSUMA, FL 32189	
Title:	PD	( ) Delete
Name:	AHLERS, KAREN	
Address:	124 VAUSE LAKE ROAD	
City-St-Zip:	HAWTHORNE, FL 32640	
Title:	VD	( ) Delete
Name:	THE LOSEN, WILLY	
Address:	129 EAST COWPEN POINT ROAD	
City-St-Zip:	HAWTHORNE, FL 32640	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: TIMOTHY KEYSER TD 04/27/2006

Electronic Signature of Signing Officer or Director — Date