

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701646

**FILED**  
**Jan 28, 2022**  
**Secretary of State**  
**0701306003CC**

**Entity Name:** PUTNAM COUNTY CHAMBER OF COMMERCE INC

**Current Principal Place of Business:**

1100 REID ST  
PALATKA, FL 32177

**Current Mailing Address:**

1100 REID ST  
PALATKA, FL 32177 US

**FEI Number: 59-0388995**

**Certificate of Status Desired: Yes**

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

JONES, DANA C  
1100 REID ST  
PALATKA, FL 32177 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

**Officer/Director Detail :**

Title SECRETARY  
Name JONES, DANA C  
Address 1100 REID ST  
City-State-Zip: PALATKA FL 32177

Title DIRECTOR  
Name PICKENS, JOE  
Address 5001 ST JOHNS AVE  
City-State-Zip: PALATKA FL 32177

Title DIRECTOR  
Name DOUGLAS, TAYLOR  
Address 113 ARDEN DR  
City-State-Zip: PALATKA FL 32177

Title VICE CHAIR, VC  
Name BACON, GREG  
Address 1608 REID ST  
City-State-Zip: PALATKA FL 32177

Title TREASURER  
Name OVERTURF, STEVE  
Address 307 S PALM AVENUE  
City-State-Zip: PALATKA FL 32177

Title DIRECTOR  
Name DOUGLAS, CHARLES  
Address 1301 ST. JOHNS AVENUE  
City-State-Zip: PALATKA FL 32177

Title CHAIRMAN OF THE BOARD  
Name HEMBREE, DEREK  
Address 300 N STATE ROAD 19  
City-State-Zip: PALATKA FL 32177

*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: DANA C JONES**

**PRESIDENT &  
REGISTERED AGENT**

**01/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date