

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90243 039 ****70.00

DOCUMENT # 721379

1. Corporation Name

PUTNAM COUNTY ALCOHOL AND DRUG COUNCIL, INC.

Principal Place of Business

HWY 19TH N
PO BOX 2286
PALATKA FL 32178

Mailing Address

HWY 19TH N
PO BOX 2286
PALATKA FL 32178



2. Principal Place of Business

21 **330 KAY LARKIN DRIVE**

Suite, Apt. #, etc.

22 _____

23 **PALATKA, FLORIDA**

24 **32177** 25 **USA**

2a. Mailing Address

26 **330 KAY LARKIN DRIVE**

Suite, Apt. #, etc.

27 _____

28 **PALATKA, FLORIDA**

29 **32177** 30 **USA**

3. Date Incorporated or Qualified

06/30/1971

4. FEI Number

59-1392526

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FREEMAN, C H
ROUTE 3 BOX 11
EAST PALATKA FL 32131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **FREEMAN, C H**
CITY-ST-ZIP **ROUTE 3 BOX 11**
EAST PALATKA FL

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **TAYLOR, SAMUEL**
CITY-ST-ZIP **220 LOUIS BROER ROAD**
EAST PALATKA FL

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **BROWN, SUZANNE**
CITY-ST-ZIP **620 HWY 19 SOUTH**
PALATKA FL

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **BROWN, MARY LAWSON**
CITY-ST-ZIP **107 S. 9TH STREET**
PALATKA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **V/D**
1.3 STREET ADDRESS **JOYCE MILLER**
1.4 CITY-ST-ZIP **1039 US. HWY 17**
BOSTWICK, FL 32007

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **T/D**
2.3 STREET ADDRESS **TAYLOR, SAMUEL**
2.4 CITY-ST-ZIP **220 LOUIS BROER ROAD**
EAST PALATKA, FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **BATES, BEN**
3.3 STREET ADDRESS **3400 CRILL AVE.**
3.4 CITY-ST-ZIP **PALATKA, FL 32177**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **BROWN, MARY LAWSON**
4.4 CITY-ST-ZIP **107 S. 9TH STREET**
PALATKA, FL 32177

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **SD**
5.3 STREET ADDRESS **WEBB, DAVID**
5.4 CITY-ST-ZIP **2915 MEADOWS LANE**
PALATKA, FL 32177

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **X**
6.3 STREET ADDRESS **DOUGLAS, TAYLOR**
6.4 CITY-ST-ZIP **1800 N. HWY 19**
PALATKA, FL 32177

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

Box 13 CONT.

D

HIRSCHMAN, HENRY
RT 4. Box 500
PALATKA, FL 32177

✓addition

537971-90243-39

721379

D

NOONE, MIKE
512 MULHOLLAND PARK
PALATKA, FL 32177

✓addition

D

PORTER, DAVID
4049 REID STREET
PALATKA, FL 32177

✓addition

D

RYAN, LYNETTE
620 HWY 19 SOUTH
PALATKA, FL 32177

✓addition