


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90553 015 \*\*\*\*70.00

<b>DOCUMENT # 721379</b>					
1. Entity Name PUTNAM COUNTY ALCOHOL AND DRUG COUNCIL, INC.					
Principal Place of Business 330 KAY LARKIN DR PALATKA, FL 32177			Mailing Address 330 KAY LARKIN DR PALATKA, FL 32177		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01122005    Chg-NP    CR2E037 (10/03)	
4. FEI Number 59-1392526				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, JOYCE 1039 US HWY 17 BOSTWICK, FL 32007				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL    Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> Delete			
NAME	FREEMAN, C H				
STREET ADDRESS	ROUTE 3 BOX 11				
CITY-ST-ZIP	EAST PALATKA, FL				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	MILLER, JOYCE				
STREET ADDRESS	1039 US HWY 17				
CITY-ST-ZIP	BOSTWICK, FL 32007				
TITLE	D	<input type="checkbox"/> Delete			
NAME	BATES, BEN				
STREET ADDRESS	3400 CRILL AVE				
CITY-ST-ZIP	PALATKA, FL 32177				
TITLE	D	<input type="checkbox"/> Delete			
NAME	BROWN, MARY LAWSON				
STREET ADDRESS	107 S.9TH STREET				
CITY-ST-ZIP	PALATKA, FL 32177				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	WEBB, DAVID				
STREET ADDRESS	2915 MEADOWS LANE				
CITY-ST-ZIP	PALATKA, FL 32177				
TITLE	D	<input type="checkbox"/> Delete			
NAME	DOUGLAS, TAYLOR				
STREET ADDRESS	1800 N HWY 19				
CITY-ST-ZIP	PALATKA, FL 32177				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WEBB, DAVID				
STREET ADDRESS	2915 MEADOWS LANE				
CITY-ST-ZIP	PALATKA, FL 32177				
TITLE	TID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	TAYLOR, SAMUEL				
STREET ADDRESS	P.O. BOX 162				
CITY-ST-ZIP	EAST PALATKA, FL 32131				
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	HIRSCHMAN, HENRY				
STREET ADDRESS	RT.4 BOX 500				
CITY-ST-ZIP	PALATKA, FL 32177				
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	PORTER, DAVID				
STREET ADDRESS	P.O BOX 1429				
CITY-ST-ZIP	PALATKA, FL 32177				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Samuel Taylor</u> <u>Robert Webb</u> 04/11/05    386-546-2504					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
SAMUEL TAYLOR					