


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90024 023 ****70.00

DOCUMENT # 721379 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1392526	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JOYCE 1039 US HWY 17 BOSTWICK, FL 32007				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREEMAN, C H ROUTE 3 BOX 11 EAST PALATKA, FL		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, SAMUEL P.O. BOX 162 EAST PALATKA, FL 32131		<input type="checkbox"/> Delete	D Lawson Brown, Mary 107 S. 9th Street Palatka, FL 32177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRSCHMAN, HENRY RT 4, BOX 500 PALATKA, FL 32177		<input type="checkbox"/> Delete	D Bares, Ben 3400 Crill Avenue Palatka, FL 32177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTER, DAVID P.O. BOX 1429 PALATKA, FL 32177		<input checked="" type="checkbox"/> Delete	S/D Hirschman, Henry Rt 4, Box 500 Palatka, FL 32177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, DAVID 2915 MEADOWS LANE PALATKA, FL 32177		<input checked="" type="checkbox"/> Delete	D Baldwin, Bruce P.O. Box 778 Palatka, FL 32177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, TAYLOR 1800 N HWY 19 PALATKA, FL 32177		<input type="checkbox"/> Delete	D Smith, Tito P.O. Box 798 Palatka, FL 32177	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Sam Taylor</i>			7/6/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			386-329-3780		

ATTACHMENT

500 22551

721379

Additional Directors for Putnam Behavioral Healthcare

D

Jones, Rev. Mark

P.O. Box 1134

East Palatka, FL