

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90022 032 \*\*\*\*\*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

40023243



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1392526

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME D Emeritus  
STREET ADDRESS Freeman, C.H.  
CITY-ST-ZIP Route 3, Box 11  
East Palatka, FL 32131

TITLE TD ☐ Delete  
NAME TAYLOR, SAMUEL  
STREET ADDRESS P.O. BOX 162  
CITY-ST-ZIP EAST PALATKA, FL 32131

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Lawson Brown, Mary  
CITY-ST-ZIP 107 S. 9th Street  
Palatka, FL 32177

TITLE SD ☒ Delete  
NAME HIRSCHMAN, HENRY  
STREET ADDRESS RT 4, BOX 500  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Bates Ben  
CITY-ST-ZIP 3400 Crill Avenue  
Palatka, FL 32177

TITLE D ☐ Delete  
NAME BALDWIN, BRUCE  
STREET ADDRESS PO BOX 778  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Change ☒ Addition  
NAME VD  
STREET ADDRESS Baldwin, Bruce  
CITY-ST-ZIP P.O. Box 778  
Palatka, FL 32177

TITLE D ☐ Delete  
NAME SMITH, TITO  
STREET ADDRESS PO BOX 798  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Jones, Mark  
CITY-ST-ZIP P.O. Box 1134  
East Palatka, FL 32131

TITLE D ☐ Delete  
NAME DOUGLAS, TAYLOR  
STREET ADDRESS 1800 N HWY 19  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☒ Change ☐ Addition  
NAME SD  
STREET ADDRESS Douglas, Taylor  
CITY-ST-ZIP 105 Shady Oak Lane  
Palatka, FL 32178

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/07

ATTACHMENT

40023243  
#721379

Additional Directors for Putnam Behavioral Healthcare

D

Kelley, Dean  
P.O. Drawer 1578  
Palatka, FL 32178

D

Freeman, Larry  
144 Hiawatha Court  
East Palatka, FL 32131

D

Driggers, Steven  
P.O. Box 68  
East Palatka, FL 32131

D Emeritus

Noone, Mike  
512 Mulholland Park  
Palatka, FL 32177