

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721379

FILED
Jul 02, 2008
Secretary of State

Entity Name: PUTNAM COUNTY ALCOHOL AND DRUG COUNCIL, INC.

Current Principal Place of Business:

330 KAY LARKIN DR
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

330 KAY LARKIN DR
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-1392526 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, JOYCE
1039 US HWY 17
BOSTWICK, FL 32007 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FREEMAN, C H
Address: ROUTE 3 BOX 11
City-St-Zip: EAST PALATKA, FL 32131

Title: TD () Delete
Name: TAYLOR, SAMUEL
Address: P.O. BOX 162
City-St-Zip: EAST PALATKA, FL 32131

Title: SD () Delete
Name: DOUGLAS, TAYLOR
Address: 105 SHADY OAK LANE
City-St-Zip: PALATKA, FL 32178

Title: D () Delete
Name: BALDWIN, BRUCE
Address: PO BOX 778
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: SMITH, TITO
Address: PO BOX 798
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: BROWN, LAWSON
Address: 107 S. 9TH ST.
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KELLY, DEAN
Address: P O DRAWER 1578
City-St-Zip: PALATKA, FL 32178

Title: D (X) Change () Addition
Name: TAYLOR, SAMUEL
Address: P.O. BOX 162
City-St-Zip: EAST PALATKA, FL 32131

Title: D (X) Change () Addition
Name: DOUGLAS, TAYLOR
Address: 105 SHADY OAK LANE
City-St-Zip: PALATKA, FL 32178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMUEL TAYLOR

D

07/02/2008

Electronic Signature of Signing Officer or Director

Date