

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90198 008 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10062893

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1392526	
Zip		Country		5. Certificate of Status Desired ☒ \$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	
				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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____					
FILE NOW! FEES \$61.25		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					
TITLE	VD	☐ Delete	TITLE	T/D	☐ Change ☒ Addition
NAME	FREEMAN, C H		NAME	TAYLOR, SAMUEL	
STREET ADDRESS	ROUTE 3 BOX 11		STREET ADDRESS	PO BOX 162	
CITY-ST-ZIP	EAST PALATKA, FL		CITY-ST-ZIP	EAST PALATKA, FL 32131	
TITLE	SD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	MILLER, JOYCE		NAME	HENRY HIRSCHMAN	
STREET ADDRESS	1039 US HWY 17		STREET ADDRESS	RT 4 BOX 500	
CITY-ST-ZIP	BOSTWICK, FL 32007		CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BATES, BEN		NAME	DAVID PORTER	
STREET ADDRESS	3400 CRILL AVE		STREET ADDRESS	PO BOX 1429	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BROWN, MARY LAWSON		NAME		
STREET ADDRESS	107 S.9TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEBB, DAVID		NAME		
STREET ADDRESS	2916 MEADOWS LANE		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DOUGLAS, TAYLOR		NAME		
STREET ADDRESS	1800 N HWY 19		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		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 covering other like empowered.					
SIGNATURE: <i>David Webb</i>		3/17/03		386-325-4038	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	