2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007683

FILED Jan 22, 2008 Secretary of State

Entity Name: PUTNAM COUNTY ANTI-DRUG COALITON, INC.

Current Principal Place of Business: New Principal Place of Business: 613 ST JOHNS AVE 330 ST JOHNS AVE PALATKA, FL 32177 STE 210 PALATKA, FL 32177 **New Mailing Address: Current Mailing Address:** 613 ST JOHNS AVE 330 ST JOHNS AVE STE 210 PALATKA, FL 32177 PALATKA, FL 32177 FEI Number: 03-0547108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARROW, SELMA CARROW, SELMA T 330 ST JOHNS AVE 613 ST JOHNS AVE US STE 210 PALATKA, FL 32177 PALATKA, FL 32177 US 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: SELMA CARROW 01/22/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DJATAR, ZION DJATAR, ZION Name: Name: 700 MAIN STREET Address: 700 MAIN STREET Address: City-St-Zip: PALATKA, FL 32177 US City-St-Zip: PALATKA, FL 32177 US Title: Title: (X) Change () Addition () Delete BATTS, MARY Name: BATTS, MARY Name: Address: 613 ST. JOHNS AVENUE, SUITE 210 Address: 114 SOUTH 17TH STREET City-St-Zip: PALATKA, FL 32177 US City-St-Zip: PALATKA, FL 32178 US Title: Title: (X) Change () Addition () Delete GARCIA, LUZ GARCIA, LUZ Name: Name: 320 KAY LARKIN DRIVE Address: Address: 176 KEUKA ROAD City-St-Zip: PALATKA, FL 32177 US City-St-Zip: INTERLACHEN, FL 32148 US Title: () Delete Title: () Change () Addition CARROW, SELMA Name: Name: 310 S PALM AVE STE 12 Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: () Change () Addition TOWNSEND, TOM Name: Name: 605 NORTH 3RD STREET Address: Address: City-St-Zip: PALATKA, FL 32177 US City-St-Zip: Title: () Delete Title: () Change () Addition HUTCHENS, HARRY Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ZION DJATAR C 01/22/2008

Address:

City-St-Zip:

1800 HWY 19 NORTH

PALATKA, FL 32177