

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007683

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

330 ST JOHNS AVE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

330 ST JOHNS AVE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 03-0547108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARROW, SELMA T
330 ST JOHNS AVE
PALATKA, FL 32177 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: C () Delete
Name: DJATAR, ZION
Address: 700 MAIN STREET
City-St-Zip: PALATKA, FL 32177 US

Title: VC () Delete
Name: BATTS, MARY
Address: 114 SOUTH 17TH STREET
City-St-Zip: PALATKA, FL 32178 US

Title: S () Delete
Name: GARCIA, LUZ
Address: 176 KEUKA ROAD
City-St-Zip: INTERLACHEN, FL 32148 US

Title: T () Delete
Name: CARROW, SELMA
Address: 310 S PALM AVE STE 12
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: TOWNSEND, TOM
Address: 605 NORTH 3RD STREET
City-St-Zip: PALATKA, FL 32177 US

Title: D () Delete
Name: HUTCHENS, HARRY
Address: 1800 HWY 19 NORTH
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: SMITH, VICTORIA
Address: 200 SOUTH 7TH STREET
City-St-Zip: PALATKA, FL 32177 US

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: ZION DJATAR

C

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date