

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007683

FILED  
Mar 16, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1001 HUSSON AVE  
RM 06-002  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

200 S 7TH STREET  
PALATKA, FL 32177

**New Mailing Address:**

FEI Number: 03-0547108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAMPAGNIE, DIETRICH J  
200 S 7TH STREET  
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  
Name: SCHNIEDER, CONSTANCE  
Address: 200 S 7TH STREET  
City-St-Zip: PALATKA, FL 32177 US

Title: VC  
Name: POWELL, DAVID  
Address: 2801 KENNEDY ST  
City-St-Zip: PALATKA, FL 32177 US

Title: S  
Name: COOPER, ANGELA  
Address: 330 KAY LARKIN DR  
City-St-Zip: PALATKA, FL 32177 US

Title: T  
Name: GARCIA, LUZ  
Address: 176 KEUKA RD  
City-St-Zip: INTERLACHEN, FL 32148

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

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

I hereby 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 all other like empowered.

SIGNATURE: DIETRICH J. CHAMPAGNIE

VC

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date