

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000442

FILED
Apr 30, 2007
Secretary of State

Entity Name: PUTNAM CARES COALITION, INC.

Current Principal Place of Business:

PO BOX 897
WELAKA, FL 32193

New Principal Place of Business:

112 WILLIAM BARTRAM DRIVE
WELAKA, FL 32193

Current Mailing Address:

PO BOX 897
WELAKA, FL 32193

New Mailing Address:

FEI Number: 87-0755487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, WILLIAM L JR.
WALTON & TOWNSEND, P.A.
200 REID ST, #2, CAPITAL CITY BANK BLDG
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

BREY, JACOB H S
239 E. BUFFALO BLUFF ROAD
LOT #147
SATSUMA, FL 32189 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: JACOB H. BREY, JR.

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARON, LEONDA
Address: PO BOX 897
City-St-Zip: WELAKA, FL 32193

Title: D () Delete
Name: BRONKEMA, ROBERT K REV.
Address: 105 ATKINS LANE
City-St-Zip: EAST PALATKA, FL 32131

Title: D () Delete
Name: CRAWFORD, GEORGE
Address: 240 ST. JOHNS DRIVE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: DION, WILLIAM
Address: 751 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: ASIA, CYNTHIA
Address: 200 SOUTH 7TH STREET
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MELFI, JAMES
Address: 200 REID STREET, SUITE 4
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARON, LEONDA T
Address: PO BOX 897
City-St-Zip: WELAKA, FL 32193

Title: D (X) Change () Addition
Name: PARRISH, YVONNE C VP
Address: 514 ST. JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: D (X) Change () Addition
Name: CRAWFORD, GEORGE P
Address: 240 ST. JOHNS DRIVE
City-St-Zip: PALATKA, FL 32177

Title: D (X) Change () Addition
Name: BREY, JACOB H S
Address: 239 E. BUFFALO BLUFF ROAD, LOT 147
City-St-Zip: SATSUMA, FL 32189

Title: D (X) Change () Addition
Name: O'NEIL, SCOTT A
Address: 193 JANICE DR., P.O. BOX 526
City-St-Zip: HOLLISTER, FL 32147

Title: D (X) Change () Addition
Name: MELFI, JAMES
Address: 1605 WESTOVER DR., P.O. BOX 2433
City-St-Zip: PALATKA, FL 32177

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: LEONDA W. BARON

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date