

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000442

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: PUTNAM CARES COALITION, INC.

## Current Principal Place of Business:

112 WILLIAM BARTRAM DRIVE  
WELAKA, FL 32193

## New Principal Place of Business:

## 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:

BREY, JACOB H S  
239 E. BUFFALO BLUFF ROAD  
LOT #147  
SATSUMA, FL 32189 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: D ( ) Delete  
Name: BARON, LEONDA T  
Address: PO BOX 897  
City-St-Zip: WELAKA, FL 32193

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

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

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

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

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

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: LEONDA W. BARON

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date