2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004833

Apr 21, 2005 Secretary of State

Entity Name: COMMUNITIES IN SCHOOLS OF PUTNAM COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

620 S. HIGHWAY 19 PALATKA, FL 32177

Current Mailing Address: New Mailing Address:

620 S. HIGHWAY 19 PALATKA, FL 32177

FEI Number: 59-3202598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HARTLEY, SANDRA Y HARTLEY, SANDRA Y 620 E HWY 19 S 620 S. HIGHWAY 19 PALATKA, FL 32177 US US PALATKA, FL 32177

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: 04/21/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

WIRTH TERRY

890 N HIGHWAY 17

PALATKA, FL 32177

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

GINN, JAY Name: GINN JAY Name: 421 ST JOHN AVENUE, STE 3 Address: 421 ST JOHN AVENUE, STE 3 Address:

City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177

Title: MD Title: () Delete () Change () Addition

HARTLEY, SANDRA Name: Name: Address: 620 E HWY 19 S Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip:

Title: () Delete Title: () Change () Addition

BUCKLES, DAVID Name: Name: 200 SOUTH 7TH STREET Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip:

Title: CD () Delete Title: (X) Change () Addition

Name: HARVEY, LARRY Name: LOOSBERG, SUSAN 101 SUNSET POINT Address: 511 ATLANTIC AVE Address: City-St-Zip: INTERLACHEN, FL 32148 City-St-Zip: PALATKA, FL 32177

Title: () Delete Title: (X) Change () Addition

BARBER, JOANN BARBER, JOANN Name: Name: 528 N CITY ROAD 315 528 N CITY ROAD 315 Address: Address: City-St-Zip: INTERLACHEN, FL 32148 City-St-Zip: INTERLACHEN, FL 32148

Title: () Delete Title: (X) Change () Addition

> WIRTH TERRY Name: Address: 890 N HIGHWAY 17 PALATKA, FL 32177 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA HARTLEY MD 04/21/2005