2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004833

FILED Apr 18, 2006 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 19 700 REID STREET PALATKA, FL 32177 SUITE A PALATKA, FL 32177 **Current Mailing Address: New Mailing Address:** 620 S. HIGHWAY 19 P.O. BOX 490 PALATKA, FL 32177 PALATKA, FL 32178 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, SANDRAY HARTLEY, SANDRA Y 700 REID ST., SUITE A 620 S. HIGHWAY 19 US PALATKA, FL 32177 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: 04/18/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: C/D () Change () Addition () Delete GINN, JAY Name: Name: 421 ST JOHN AVENUE, STE 3 Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: MD Title: MD (X) Change () Addition () Delete HARTLEY, SANDRA Name: HARTLEY, SANDRA Name: Address: 620 E HWY 19 S Address: 700 REID ST. SUITE A City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177 Title: () Delete Title: () Change () Addition BUCKLES, DAVID Name: Name: 200 SOUTH 7TH STREET Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: () Delete Title: Title: T/D (X) Change () Addition PURCELL, BRAD Name: LOOSBERG, SUSAN Name: 101 SUNSET POINT Address: Address: P.O. BOX 758 City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32178 Title: T/D () Delete Title: V/D (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 NORWOOD, JAMES WIRTH TERRY Name: Name: STATE RD 216 Address: 890 N HIGHWAY 17 Address: PALATKA, FL 32177 City-St-Zip: 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 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: SANDRA HARTLEY MD 04/18/2006