2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007
Secretary of State

DOCUMENT# N93000004833

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

Current Principal Place of Business:

700 REID STREET
SUITE A
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 490
PALATKA, FL 32178

New Mailing Address:

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

Name and Address of Current Registered Agent:

HARTLEY, SANDRA Y
700 REID ST., SUITE A
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/D ( ) Delete
Name: GINN, JAY
Address: 421 ST JOHN AVENUE, STE 3
City-St-Zip: PALATKA, FL 32177

Title: MD ( ) Delete
Name: HARTLEY, SANDRA
Address: 700 REID ST, SUITE A
City-St-Zip: PALATKA, FL 32177

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

Title: T/D ( ) Delete
Name: PURCELL, BRAD
Address: P.O. BOX 758
City-St-Zip: PALATKA, FL 32178

Title: V/D ( ) Delete
Name: BARBER, JOANN
Address: 528 N CITY ROAD 315
City-St-Zip: INTERLACHEN, FL 32148

Title: S/D ( ) Delete
Name: NORWOOD, JAMES
Address: STATE RD 216
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change ( ) Addition
Name: DAVIS, STEPHANIE
Address: 4801 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

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: C/D (X) Change ( ) Addition
Name: BARBER, JOANN
Address: 528 N CITY ROAD 315
City-St-Zip: INTERLACHEN, FL 32148

Title: V/D (X) Change ( ) Addition
Name: NORWOOD, JAMES
Address: STATE RD 216
City-St-Zip: PALATKA, FL 32177

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 M/D 03/21/2007

Electronic Signature of Signing Officer or Director — Date