

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004833

FILED  
Feb 18, 2010  
Secretary of State

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

**Current Principal Place of Business:**

142 FERRY ROAD  
EAST PALATKA, FL 32131

**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  
142 FERRY ROAD  
EAST PALATKA, FL 32131 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  
Name: DAVIS-FLOWERS, MARSHA  
Address: 6400 ST JOHNS AVE  
City-St-Zip: PALATKA, FL 32177

Title: MD  
Name: HARTLEY, SANDRA  
Address: 142 FERRY RD  
City-St-Zip: EAST PALATKA, FL 32131

Title: D  
Name: HELWIG, SUSAN  
Address: 836 S. MOODY RD., SUITE 1  
City-St-Zip: PALATKA, FL 32177

Title: C/D  
Name: DRAGO, SUSAN  
Address: 6710 OLD WOLF BAY RD  
City-St-Zip: PALATKA, FL 32177

Title: T/D  
Name: HEMBREE, DEREK  
Address: 300 HIGHWAY 19 NORTH  
City-St-Zip: PALATKA, FL 32177

Title: S/D  
Name: YELDELL, GARY  
Address: P.O. BOX 189  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby 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 all other like empowered.

SIGNATURE: SANDRA HARTLEY

E/D

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date