

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008986

**FILED**  
**Jun 11, 2015**  
**Secretary of State**  
**CC7549415054**

**Entity Name:** PUTNAM COUNTY COMMUNITY BAND, INC.

**Current Principal Place of Business:**

940 S. MOODY ROAD  
PALATKA, FL 32177

**Current Mailing Address:**

940 S. MOODY ROAD  
PALATKA, FL 32177 US

**FEI Number: 56-2413571**

**Certificate of Status Desired: No**

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

ROWE, ADAM  
613 ST. JOHNS AVENUE, SUITE 203  
PALATKA, FL 32177 US

*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: ADAM ROWE**

**06/11/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ALTERMAN, LEONARD  
Address 4035 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name VEZZETTI, DAVID  
Address 940 SOUTH MOODY ROAD  
City-State-Zip: PALATKA FL 32178

Title D, T  
Name VAUGHN, RENEE  
Address 2015 PROSPER ST.  
City-State-Zip: PALATKA FL 32177

Title D/S  
Name ECKHARDT, DEBORAH  
Address 124 REDDY ROAD  
City-State-Zip: PALATKA FL 32177

Title D  
Name CARTER, SUZANNE  
Address 122 CINNAMON DRIVE  
City-State-Zip: INTERLACHEN FL 32148

Title VP  
Name BRADNER, JAMES  
Address 5098 ATLANTIC VIEW  
City-State-Zip: ST. AUGUSTINE FL 32090

*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: LEONARD ALTERMAN**

**DIRECTOR**

**06/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date