

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAR 26 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000004704

1. Entity Name
SANTA ROSA HIV/AIDS MINORITY TASK FORCE, INC.



Principal Place of Business
P.O. BOX 4499
MILTON, FL 32572

Mailing Address
P.O. BOX 4499
MILTON, FL 32572

REINSTATEMENT **05-07**



03222007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #
7532 HWY 90 East
Suite, Apt. #, etc.

3. Mailing Address
7532 HWY 90 East
Suite, Apt. #, etc.

City & State
Milton, FL

City & State
Milton, FL

4. FEI Number
30-0130142

Applied For
Not Applicable

Zip
32583

Country
Santa Rosa

Zip
32583

Country
Santa Rosa

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WHITE, KASEY
8135 JAIME DR
MILTON, FL 32583

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
COLLINS, GAIL
8135 JAIME DRIVE
MILTON, FL 32583 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MCCLARTY, BETTIE S
5449 CAMILLE GARDEN CIRCLE
MILTON, FL 32570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LEVINS, JETTIEVE
5341 ZERO LANE
MILTON, FL 32583 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
UNION, JAMES W
7528 HOLMES STREET
MILTON, FL 32583 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500095997755
04/06/07--01039--001 **131.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-2007

Date

Daytime Phone #

Handwritten signature and notes