

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004704

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

7537 HWY 90 EAST
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

7537 HWY 90 EAST
MILTON, FL 32583

New Mailing Address:

FEI Number: 30-0130142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, KASEY
8135 JAIME DR
MILTON, FL 32583 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: ED () Delete
Name: COLLINS, GAIL
Address: 8135 JAIME DRIVE
City-St-Zip: MILTON, FL 32583

Title: VD () Delete
Name: MCCLARTY, BETTIE S
Address: 5449 CAMILLE GARDEN CIRCLE
City-St-Zip: MILTON, FL 32570

Title: SD () Delete
Name: LEVINS, JETTIEVE
Address: 5341 ZERO LANE
City-St-Zip: MILTON, FL 32583

Title: TD () Delete
Name: UNION, JAMES W
Address: 7528 HOLMES STREET
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GAIL COLLINS

ED

04/23/2009

Electronic Signature of Signing Officer or Director

Date