FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32292

Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip

PUTNAM COUNTY CHILDREN'S TASK FORCE, INC.

Country

Principal Place of Business	Mailing Address
PO BOX 982	PO BOX 982
PALATKA FL 32178	PALATKA FL 32178
us	US

FILED Feb 12, 1999 8:00am Secretary of State

02-12-1999 90007 025 ****61.25

Date Incorporated or Qualife	d	

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

4. FEI Number

59-3018728

5. Certifcate of Status Desired

6. Election Campaign Financing

NAME	24	25	29]30)			Trust Fund Contribute		Audeu II	7 F 665
LANE, CHRISTIE 27 SILVER LAKE RD. RT. 4 BOX 1120 PALATKA FL 32177 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered pagent, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE ID OFFICERS AND DIRECTORS 12 NAWE STREET ADDRESS RT 4 BOX 1120 DELETE 12 NAWE STREET ADDRESS RT 4 BOX 1120 DELETE 21 TITLE SD DELETE 21 TITLE STREET ADDRESS RT 4 BOX 2410 STREET ADDRESS RT 2 BOX 2410 STARKE FL 32091 TITLE DELETE 41 TITLE DELETE 33 STREET ADDRESS CITY-ST-ZP TITLE DELETE 34 STREET ADDRESS CITY-ST-ZP TITLE DELETE 35 STREET ADDRESS CITY-ST-ZP TITLE DELETE 35 STREET ADDRESS CITY-ST-ZP DELETE 3		Name and Address	of Current Registered A	\gent				10. Name and Address	of New Registered	Agent	
227 SILVER LAKE RD. RT. 4 BOX 1120 PALATKA FL 32177 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered spent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered spent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE TO OFFICERS AND DIRECTORS TITLE TO DELETE TITLE SD DELETE TITLE TO DELETE TITLE TO DELETE TITLE TITLE TO DELETE TITLE TO DELETE TITLE TITLE TO DELETE TITLE TITL					81	Name					
227 SILVER LAKE RD. RT. 4 BOX 1120 PALATKA FL 32177 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered spent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered spent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE TO OFFICERS AND DIRECTORS TITLE TO DELETE TITLE SD DELETE TITLE TO DELETE TITLE TO DELETE TITLE TITLE TO DELETE TITLE TO DELETE TITLE TITLE TO DELETE TITLE TITL	LANE CH	IDICTIC			82	Street	Addres	s (P.O. Boy Number is No	t Accentable)	-	
RT. 4 BOX 1120 PALATKA FL 32177 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the applications of Section 617.0503, Florida Statutes. SIGNATURE Signature, Typed or printed name of registered agent and title if applicable. In the state of Florida Such change was authorized by the corporation's board of directors. Thereby accept the application agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, Typed or printed name of registered agent and title if applicable. In the state of Florida Statutes. In the state of Florida Statut					0*	Sugar	Addies	a (r.c. box radiibar la ria	,,,,,,,,,,		
PALATKA FL 32177 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered segment and manual agent and the florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered by agent and the florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTIRE LANE, CHRISTIE LANE, CHRISTIE LANE, CHRISTIE LANE, CHRISTIE SO DELETE 11 TIME SO DELETE 21 TIME SO DELETE 31 TIME Change Additional Ch					83						
### TITLE ### BARNES, JUDITH ### STREET ADDRESS ### TITLE ### DELETE ### ADVITORS ### TITLE ### DELETE ### DELETE ### TITLE ### DELETE ### DELETE ### TITLE ### DELETE ### TITLE ### DELETE ### TITLE ### DELETE ### DELETE ### TITLE ### DELETE ### TITLE ### DELETE #### DELETE ### DELETE ### DELETE ### DELETE ### DELETE ### DELETE ### DELETE #### DELETE ##################################					_					-11	
The pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registerer or defected agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I have by accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered signature in the flat applicable. (NOTE: Registered Agent signature required when reinstating) TITLE TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 In TITLE TITLE TO NAME LANE, CHRISTIE LANE, CHRISTIE STREET ADDRESS RT 4 BOX 1120 OFFICERS AND DIRECTORS 1.3 STREET ADDRESS TITLE SD OBLETE 2.1 TITLE SD OBLETE 2.1 TITLE STREET ADDRESS 615 HWY. 26 2.2 STREET ADDRESS 615 HWY. 26 CITY-ST-ZP MELROSE FL 32666 2.4 CITY-ST-ZP MELROSE FL 326091 TITLE TO OBLETE 3.1 TITLE Change Additional Control of the purpose of changing its registered agent, or both in the purpose of changing its registered agent. In the purpose of changing its registered agent. In the purpose of changing its registered agent. In the purpose of change its registered agent. In the p	PALATKA	FL 321//			84	City			FI	85 Zip C	ebos
agent. I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes agent. I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes required when reintation; I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes required when reintation; I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes required when reintation; I am familiar with, and accept the obligations of Section 617.0503, Floridal Statutes required when reintation; I am familiar with, and section 617.0503, Floridal Statutes required when reintation; I am familiar with, and scale statutes required when reintation; I am familiar with, and scale statutes required when reintation; I am familiar with, and scale statutes required when reintation; I am familiar with, and scale statutes required when reintation; I am familiar with, and scale statutes required when reintation; I am familiar with, and scale statutes required when reintation; I am familiar with, and scale statutes	A	40-4	017 0500 and 617 150	P. Florida Statutos	the above	o named	comor	ation submits this statemer	2 11 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	changing its	registered
Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent agent are reviewed when reinstating)	office or r	registered agent or both it	the State of Florida: Suc	h change was auth	iorized by	the corp	oration'	s doard of directors. I here	SDV accept the appoin	יום ו פס ועוויוווון וו	hororom :
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE	SIGNATURE	n	white and special state if condings	la (NOTE: Pr	ratetered Age	nt signature r	mounted w	hen reinstating)	DATE		i
TITLE TD DELETE 1.1 TITLE DAME DAME LANE, CHRISTIE 1.2 NAME STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 1.4 CITY-ST-ZIP DELETE 2.1 TITLE DAME DAME DELETE DELETE	12			· · · · · · · · · · · · · · · · · · ·		in agricule i	required to	ADDITIONS/CHANGE		ND DIRECTO	RS IN 12
NAME LANE, CHRISTIE STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 TITLE SD DELETE 21 TITLE SD ANME BARNES, JUDITH STREET ADDRESS CITY-ST-ZIP TITLE TID DELETE 21 TITLE STREET ADDRESS CITY-ST-ZIP TITLE TID DELETE 31 TITLE TID ANAME STREET ADDRESS CITY-ST-ZIP ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TID ANAME STREET ADDRESS			TICERS AND DIRECTOR				1				Addition
STREET ADDRESS CITY-ST-ZIP TITLE SD NAME BARNES, JUDITH STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 3.1 TITLE TD DELETE 3.1 TITLE TD AME STREET ADDRESS CITY-ST-ZIP TITLE TO STREET ADDRESS CITY-ST-ZIP TITLE TO DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE TO DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AMA STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE AMA STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS		} ·•		_ D110.4				1. A + 2 1. V			
PALATKA FL 32177 14 CITY-ST-ZIP PALATKA FL 32177 14 CITY-ST-ZIP SD DELETE 21 TITLE NAME BARNES, JUDITH 22 NAME STREET ADDRESS CITY-ST-ZIP TILE TD DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS							1	0.73			
TITLE SD DELETE 21 TITLE CANNE Addit CANNE BARNES, JUDITH 22 NAME STREET ADDRESS 615 HWY. 26 23 STREET ADDRESS CITY-ST-ZIP MELROSE FL 32666 12.4 CITY-ST-ZIP TITLE TD DATE CANNES RT 2 BOX 2410 33 STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS RT 2 BOX 2410 34. CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE CANNE ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE CANNE ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS S3 STREET ADDRESS S3 STREET ADDRESS S3 STREET ADDRESS S3 STREET ADDRESS S4 CITY-ST-ZIP TITLE S1 DELETE S1 TITLE S2 DELETE S1 TITLE S1 DELETE S1 TIT	STREET ADDRESS						1	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
NAME SD STREET ADDRESS G15 HWY. 26 G15 HWY. 26 CITY-ST-ZIP TITLE TD NAME STREET ADDRESS RT 2: BOX 2410 CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP			DELETE		ST-ZIP				Change	Addition
STREET ADDRESS 615 HWY. 26 CITY-ST-ZIP MELROSE FL 32666 CITY-ST-ZIP TITLE TD Change Addi Addi Addi Addi Addi Addi Addi Addi	TITLE			[] DELETE						i our info	
MELROSE FL 32666 TITLE TD DELETE 3.1 TITLE TD Change Addi KERSEY, STEVE 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	NAME									•	1
TITLE TD DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS RT 2 BOX 2410 3.3 STREET ADDRESS CITY ST ZIP STREET ADDRESS STARKE FL 32091 3.4 CITY ST ZIP NAME STREET ADDRESS CITY ST ZIP TITLE 3.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY ST ZIP TITLE 5.2 NAME STREET ADDRESS	STREET ADDRESS	615 HWY. 26			2.3 STREE	TADDRESS					
NAME NAME STREET ADDRESS STARKE FL 32091 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE A4 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	CITY-ST-ZIP	MELROSE FL 32666			2.4 CITY-	ST-ZIP	<u> </u>				
STREET ADDRESS RT 2 BOX 2410 STARKE FL 32091 DELETE 4.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY- ST- ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS	TITLE	TD		DELETE	3.1 TITLE					Change	☐ Addition
STARKE FL 32091 34. CITY-ST-ZIP Change Addition	NAME : The	KERSEY, STEVE			3.2 NAME						
TITLE NAME A 2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY ST-ZIP Additional Change Addition	STREET ADDRESS	RT. 2 BOX 2410			3.3 STREE	TADDRESS	1				
TITLE NAME A 2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY ST-ZIP Additional Change Addition	спу-sт-zip 3 0	STARKE FL 32091			3.4. CITY-	ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE STREET ADDRESS				☐ DELETE	4.1 TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE 52 NAME STREET ADDRESS 53 STREET ADDRESS 54 CITY ST-ZIP	NAME				4. 2 NAME			a near	and the second section of the second section is a second section of the second section o	r Arkitisha bir	1 5 2-1 (25)
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE □ DELETE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	17 (A) (A)	,			4.3 STREE	T ADDRESS					
TITLE DELETE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY ST. 7/B		1,			4.4 CITY-8	ST-ZIP		1 7447 AVE	经损益支援的	2 1 (東美)	t figures
NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY ST. 7/B		1	N=1-7-7	DELETE	5.1 TITLE					☐ Change	☐ Addition
STREET ADDRESS 5.3 STREET ADDRESS 5.4 STREET ADDRESS 5.4 STREET ADDRESS 5.5 STREET ADDRES					5.2 NAME		-			•	
SACITY ST. 7ID		,			5.3 STREE	TADORESS					Í
CITY ST 7ID) 3	CITY-ST-ZIP				5.4 CITY-5	ST-ZIP					·
TITLE DELETE 6.1 TITLE Change Addi		S. C	100	DELETE	6.1 TITLE		1			☐ Change	☐ Addition
NAME 62 NAME		Para			6.2 NAME						
e a expect apppea		18:			6.3 STREE	T ADDRESS	:				
STREET ADDRESS 64 CITY-ST-ZIP					6.4 C/TY-1	ST-ZIP					
14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP	certify that the information	supplied with this filing do	es not qualify for the			d in Se	ction 119.07(3)(i), Florida	Statutes. I further ce	ertify that the in	nformation

Country

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

904312 2220