

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Abshier  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 9:16

SECRETARY OF STATE  
TREASURER OF FLORIDA

DOCUMENT # **N42389** (9)

1. Corporation Name

**PUTNAM COUNTY AIDS TASK FORCE, INC.**

Principal Place of Business

Mailing Address

123 S 2ND STREET  
PALATKA FL 32177

123 S 2ND STREET  
PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/07/1991**

3a. Date of Last Report  
**07/06/1994**

4. FEI Number  
**59-3132135**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **312 North 2nd Street**

25 **312 North 2nd Street**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

**\$68.75** Supplemental Fee Not Required

8. The corporation has liability for intangible tax under S. 192 U.S.C. Florida Statutes  Yes  No

22 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

23 **Palatka Fl 32177**

27 **Palatka Fl 32177**

24 Zip

25 County

28 Zip

30 County

24 **32177**

25 **Putnam**

28 **32177**

30 **Putnam**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARSHMAN, DONNA J.  
123 S 2ND ST.  
PALATKA FL 32177**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**312 North 2nd St.**

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.050(2) and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent, as listed above)

(Signature of Agent, as listed above when installed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **TD**  
12 NAME **HARSHMAN, DONNA J.**  
13 STREET ADDRESS **RT. 2, BOX 562H/NA**  
14 CITY, ST, ZIP **INTERLACHEN FL**

11 TITLE **TD**  Change  Addition  
12 NAME **Gauch, Laurey**  
13 STREET ADDRESS **126 Arden Drive**  
14 CITY, ST, ZIP **Palatka Fl 32177**

11 TITLE **DS**  
12 NAME **HAHN, JANICE**  
13 STREET ADDRESS **RT. 2, BOX 2766/NA**  
14 CITY, ST, ZIP **MELROSE FL**

11 TITLE **D**  Change  Addition  
12 NAME **D**   
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE **PD**  
12 NAME **ROBINSON, SANDI**  
13 STREET ADDRESS **PO BOX 1545/NA**  
14 CITY, ST, ZIP **PALATKA FL**

11 TITLE **SD**  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE **D**  
12 NAME **THROPP, RUTH ANN**  
13 STREET ADDRESS **200 SOUTH 7TH STREET**  
14 CITY, ST, ZIP **PALATKA FL**

11 TITLE **DP**  Change  Addition  
12 NAME **Smith, Jon**  
13 STREET ADDRESS **2024 Cherry Lane**  
14 CITY, ST, ZIP **Palatka Fl 32177**

11 TITLE **D**  
12 NAME **VERNACCHIO, MICHAEL**  
13 STREET ADDRESS **1213 HIGHWAY 20**  
14 CITY, ST, ZIP **INTERLACHEN FL**

11 TITLE **V/D**  Change  Addition  
12 NAME **Medlin, David**  
13 STREET ADDRESS **Rt. 5, Box 6885**  
14 CITY, ST, ZIP **Palatka Fl 32177**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(B), 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. But 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.

SIGNATURE: *Sandi Robinson* Sandi Robinson 04/28/95 (904) 329-0120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR