

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42389** (9)

1. Corporation Name

PUTNAM COUNTY AIDS TASK FORCE, INC.



Principal Place of Business

Mailing Address

312 NORTH 2ND STREET
PALATKA FL 32177
US

312 NORTH 2ND STREET
PALATKA FL 32177
US

3. Date Incorporated or Qualified
03/07/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **111 South 10th Street**

26 **111 South 10th Street**

4. FEI Number
59-3132135

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

Palatka FL

Palatka FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

32177

Putnam

32177

Putnam

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARSHMAN, DONNA J.
312 NORTH 2ND STREET
PALATKA FL 32177**

81 Name **Jon Smith**

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

2024 Cherry Lane

83 City **Palatka**

85 Zip Code **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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jon W. Smith

020296

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** DELETE
NAME **GAUCH, LAUREY**
STREET ADDRESS **126 ARDEN DRIVE**
CITY-ST-ZIP **PALATKA FL**

1.1 TITLE **President** Change Addition
1.2 NAME **Jon Smith D**
1.3 STREET ADDRESS **2024 Cherry Lane**
1.4 CITY-ST-ZIP **Palatka FL 32177**

TITLE **D** DELETE
NAME **HAHN, JANICE**
STREET ADDRESS **RT. 2, BOX 2766/NA**
CITY-ST-ZIP **MELROSE FL**

2.1 TITLE **Medlin, David Vice Pres** Change Addition
2.2 NAME **Medlin, David**
2.3 STREET ADDRESS **RT. 5 Box 6885**
2.4 CITY-ST-ZIP **Palatka, FL**

TITLE **SD** DELETE
NAME **ROBINSON, SANDI**
STREET ADDRESS **PO BOX 1545/NA**
CITY-ST-ZIP **PALATKA FL**

3.1 TITLE **Secretary** Change Addition
3.2 NAME **Darlene Panditelli D**
3.3 STREET ADDRESS **PO Box 2704**
3.4 CITY-ST-ZIP **Palatka FL 32177**

TITLE **DP** DELETE
NAME **SMITH, JON**
STREET ADDRESS **2024 CHERRY LANE**
CITY-ST-ZIP **PALATKA FL**

4.1 TITLE **Treasurer** Change Addition
4.2 NAME **Donna Meddes D**
4.3 STREET ADDRESS **RR 3 Bx 2450**
4.4 CITY-ST-ZIP **Palatka FL 32177**

TITLE **VD** DELETE
NAME **MEDLIN, DAVID**
STREET ADDRESS **RT. 5, BOX 6885**
CITY-ST-ZIP **PALATKA FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: *Donna Meddes Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

020296 904 328 7700
Date Daytime Phone #

CR2E037 (12/95)