

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42389 (9)**

1. Corporation Name  
**PUTNAM COUNTY AIDS TASK FORCE, INC.**



Principal Place of Business <b>11 SOUTH 10TH STREET PALATKA FL 32177 US</b>	Mailing Address <b>111 SOUTH 10TH STREET PALATKA FL 32177-4621 US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/07/1991</b>	3a. Date of Last Report <b>03/15/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3132135</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, JOHN J  
2024 CHERRY LANE  
PALATKA FL 32177**

10. Name and Address of New Registered Agent

81. Name **Rosetta Robinson**

82. Street Address (P.O. Box Number is Not Acceptable)  
**3000 Elm St. (P.O. Box 299)**

83. City **Welaka** FL 85. Zip Code **32193**

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 *Rosetta Robinson* (NOTE: Registered Agent signature required when reinstating) DATE **4/28/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JOHN	
STREET ADDRESS	2024 CHERRY LANE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MEDLIN, DAVID	
STREET ADDRESS	RT. 5 BOX 6885 N/A	
CITY-ST-ZIP	PALATKA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BANDITTELLI, DARLENE	
STREET ADDRESS	P.O. BOX 2704 N/A	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MEDDERS, DONNA	
STREET ADDRESS	RR3 BX 2450 N/A	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEDLIN, DAVID	
STREET ADDRESS	RT. 5, BOX 6885	
CITY-ST-ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		JUANITA TREADWELL	
1.3 STREET ADDRESS		903 JUNIOR LAKE DR	
1.4 CITY-ST-ZIP		INTERLACHEN, FL 32148	
2.1 TITLE	D	Brenda Lung (President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		P.O. Box 2618 N/A	
2.3 STREET ADDRESS		Palatka Fla	
2.4 CITY-ST-ZIP		33178	
3.1 TITLE	D	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		Sunshine Lowe	
3.3 STREET ADDRESS		P.O. Box 299 N/A	
3.4 CITY-ST-ZIP		Welaka Fla 32193	
4.1 TITLE	T	Tre.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		Rosetta Robinson	
4.3 STREET ADDRESS		P.O. Box 299 N/A	
4.4 CITY-ST-ZIP		Welaka Fla 32193	
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)