


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SE. 15 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

98 NOV 19 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000484

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 111 SOUTH 10TH STREET PALATKA FL 32177 US	Mailing Address 111 SOUTH 10TH STREET PALATKA FL 32177 US
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3. Date Incorporated or Qualified 03/07/1991		
4. FEI Number 59-3132135	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROBINSON, ROSETTA
3000 ELM ST
WELAKA FL 32193

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

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 DATE **8-27-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TREADWELL, JUANITA	
STREET ADDRESS	903 JUNIOR LAKE DR	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LUNA, BRENDA	
STREET ADDRESS	P.O. BOX 2618 N/A	
CITY-ST-ZIP	PALAKA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LOWE, SUNSHINE	
STREET ADDRESS	P.O. BOX 299N/A	
CITY-ST-ZIP	WELAKA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBINSON, ROSETTA	
STREET ADDRESS	P.O. BOX 299 N/A	
CITY-ST-ZIP	WELAKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JIM ELLIOT	
1.3 STREET ADDRESS	P.O. BOX 554 (105 RICHMOND ST.)	
1.4 CITY-ST-ZIP	SATSUMA, FL 32189	
2.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRENDA LUMA	
2.3 STREET ADDRESS	P.O. BOX 2618 (108 BUTLER LN)	
2.4 CITY-ST-ZIP	PALATKA, FL 32177	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JUANITA TREADWELL	
3.3 STREET ADDRESS	903 JUNIOR LAKE DR	
3.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROSETTA ROBINSON	
4.3 STREET ADDRESS	P.O. BOX 299 (3000 ELM ST)	
4.4 CITY-ST-ZIP	WELAKA, FL 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		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: Rosetta Robinson DATE **8/27/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)