

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90006 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N42389
 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



21	2a	3
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/07/1991
22	27	4
City & State	City & State	FEI Number
23	28	59-3132135
Zip	Zip	Applied For
Country	Country	Not Applicable
24	29	5
Country	Country	Certificate of Status Desired
25	30	\$8.75 Additional Fee Required
Country	Country	6
Country	Country	Election Campaign Financing Trust Fund Contribution
Country	Country	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBINSON, ROSETTA 3000 ELM ST WELAKA FL 32193	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ELLIOT, JIM	1.2 NAME	Alvin Lavain
STREET ADDRESS	105 RICHMOND ST	1.3 STREET ADDRESS	622 N 6th St
CITY-ST-ZIP	SATSUMA FL 32189	1.4 CITY-ST-ZIP	Palatka Fla 32177
TITLE	DP	2.1 TITLE	
NAME	LUNA, BRENDA	2.2 NAME	
STREET ADDRESS	108 BUTLER LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALAKA FL 32177	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	TREADWELL, JUANITA	3.2 NAME	
STREET ADDRESS	903 JUNIOR LAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	ROBINSON, ROSETTA	4.2 NAME	
STREET ADDRESS	3000 ELM ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL 32193	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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: ROSETTA ROBINSON 8-9-99 904-325-0567
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)