

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90215 023 \*\*\*\*61.25

**DOCUMENT # N42389**

1. Entity Name

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

Principal Place of Business

Mailing Address

**2524 GOLF DRIVE  
 PALATKA FL 32177  
 US**

**P O BOX 545  
 PALATKA FL 32177  
 US**

2. Principal Place of Business

3. Mailing Address

*622 N 6th St*  
 Suite, Apt. #, etc.

*622 N. 6th St.*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*Palatka Fla*

City & State

*Palatka Fla.*

4. FEI Number

**59-3132135**

Applied For

Not Applicable

Zip

*32177*

Country

*Putnam*

Zip

*32177*

Country

*Putnam*

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, ROSETTA  
 3000 ELM ST  
 WELAKA FL 32193**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD LAVAIN, ALVAIN**  
 STREET ADDRESS **622 N 6TH ST**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T ROBINSON, ROSETTA**  
 STREET ADDRESS **3000 ELM ST**  
 CITY-ST-ZIP **WELAKA FL 32193**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BELL, STEVEN J**  
 STREET ADDRESS **1500 OCEAN ST.**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MCDUFFIE, EASTER**  
 STREET ADDRESS **729 ST JOHNS AVE.**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*ROSETTA ROBINSON*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/02*  
 Date

Daytime Phone #

CR2E037 (9/01)