

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90047 014 \*\*\*\*61.25

**DOCUMENT # N42389**

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



Principal Place of Business

**622 N 6TH STREET  
PALATKA FL 32177  
US**

Mailing Address

**622 N 6TH STREET  
PALATKA FL 32177  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3132135**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rosetta Robinson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/25/03*

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

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LAVAIN, ALVAIN</b>	
STREET ADDRESS	<b>622 N 6TH ST</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, ROSETTA</b>	
STREET ADDRESS	<b>3000 ELM ST</b>	
CITY-ST-ZIP	<b>WELAKA FL 32193</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BELL, STEVEN J</b>	
STREET ADDRESS	<b>1500 OCEAN ST.</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCDUFFIE, EASTER</b>	
STREET ADDRESS	<b>729 ST JOHNS AVE.</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*

*4/25/03*

CR2E037 (10/02)