

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90035 026 ****61.25

DOCUMENT # N93000005357

1. Entity Name

GAINESVILLE AREA AIDS PROJECT, INC.



Principal Place of Business

**1027 A NW 4TH ST
GAINESVILLE FL 32604
US**

Mailing Address

**POST OFFICE BOX 12905
GAINESVILLE FL 32604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3219397

Applied For

Not Applicable

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

**MERRILL, CLAUDE J
900 SW 62ND BLVD #38
GAINESVILLE FL 32607**

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

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
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, SIDNEY	
STREET ADDRESS	8401 NW 135 ST STE 150	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VALENTINE, RANDY	
STREET ADDRESS	39 NW 39TH AVE #20	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANDERS, PATSY	
STREET ADDRESS	6051 NW 19TH LN.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WAASER, JOHN H	
STREET ADDRESS	RT 5 BOX 4975	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MERRILL, CLAUDE J	
STREET ADDRESS	900 SW 62ND BLVD #38	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWLAND, KIM	
STREET ADDRESS	8401 NW 135 ST STE 150	
CITY-ST-ZIP	GAINESVILLE FL 32653	

TITLE	DV	<input checked="" 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
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STREET ADDRESS		
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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:

Claude J. Merrill

CLAUDE J. MERRILL

2/8/04 352-219-7362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #