

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90178 020 \*\*\*\*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  
**P.O. BOX 5554  
GAINESVILLE, FL 32627**

**40026807**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082008 Chg-NP CR2E037 (11/05)

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **DV** ☐ Delete  
NAME **CURTIS, SIDNEY**  
STREET ADDRESS **8401 NW 135 ST STE 150**  
CITY-STATE-ZIP **GAINESVILLE, FL 32653**

TITLE **D** ☐ Delete  
NAME **SANDERS, PATSY**  
STREET ADDRESS **1239 N W 120 TH TERRACE**  
CITY-STATE-ZIP **GAINESVILLE, FL 32606**

TITLE **SD** ☐ Delete  
NAME **WILKES, JOANN**  
STREET ADDRESS **4316 NW 41ST PLACE**  
CITY-STATE-ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☒ Delete  
NAME **WAASER, JOHN H**  
STREET ADDRESS **RT 5 BOX 4975**  
CITY-STATE-ZIP **LAKE BUTLER, FL 32054**

TITLE **TD** ☐ Delete  
NAME **MERRILL, CLAUDE J**  
STREET ADDRESS **900 SW 62ND BLVD #38**  
CITY-STATE-ZIP **GAINESVILLE, FL 32607**

TITLE **D** ☒ Delete  
NAME **HOWLAND, KIM**  
STREET ADDRESS **8401 NW 135 ST STE 150**  
CITY-STATE-ZIP **GAINESVILLE, FL 32653**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
NAME **CURTIS, SIDNEY**  
STREET ADDRESS **8401 NW 135 ST, STE 150**  
CITY-STATE-ZIP **GAINESVILLE, FL 32653**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **PD** ☐ Change ☒ Addition  
NAME **VALENTINE, RANDY**  
STREET ADDRESS **39 NW 39th AVENUE**  
CITY-STATE-ZIP **GAINESVILLE, FL 32607**

TITLE **VD** ☐ Change ☒ Addition  
NAME **THARPE, VOLANNA**  
STREET ADDRESS **3022 NE 13th DRIVE**  
CITY-STATE-ZIP **GAINESVILLE, FL 32609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **CLAUDE J. MERRILL, JR** 2/26/06 352-373-4227