

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003748 (0)

1. Corporation Name

CITRUS COUNTY AIDS TASK FORCE, INC.



Principal Place of Business

P.O. BOX 215
INVERNESS FL 34451

Mailing Address

P.O. BOX 215
INVERNESS FL 34451

3. Date Incorporated or Qualified
07/28/1994

3a. Date of Last Report
07/19/1995

4. FEI Number
59-3257492

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1643 W. Gulf to LK. Hwy

26 PO BOX 1119

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lecanto FL

City & State

28 Lecanto FL

Zip

24 34461

Country

25 USA

Zip

29 34460

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUTCHINSON, KAREN
15080 W. RIVER ROAD
INGLIS FL 34449

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

Karen Hutchinson

Karen Hutchinson

04/26/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STRONG, LISA R
STREET ADDRESS P.O. BOX 1655 NA
CITY-ST-ZIP INVERNESS FL 34451 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VO
NAME HUTCHINSON, KAREN
STREET ADDRESS 15080 W. RIVER ROAD
CITY-ST-ZIP INGLIS FL 34449 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME HALL, LINDA
STREET ADDRESS 307 WASHINGTON AVE. APT. 10
CITY-ST-ZIP INVERNESS FL 34450 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE O
NAME SMITH, GAIL
STREET ADDRESS 22 N LEE ST
CITY-ST-ZIP BEVERLY HILLS FL 34465 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Lisa R. Strong

Lisa R. 4/26/96 352-746-6377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E037 (12/95)