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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003748 (0)**

1. Corporation Name

CITRUS COUNTY AIDS TASK FORCE, INC.



Principal Place of Business 1643 W GULF TO LK HWY LECANTO FL 34461	Mailing Address PO BOX 1119 LECANTO FL 34460-1119
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3. Date Incorporated or Qualified 07/28/1994	3a. Date of Last Report 05/28/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3257492	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 22	City & State 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 23	Country 28	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HUTCHINSON, KAREN
15080 W. RIVER ROAD
INGLIS FL 34449**

10. Name and Address of New Registered Agent

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** **PRESIDENT** **4-28-97**
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRONG, USA R		1.2 NAME	
STREET ADDRESS P.O. BOX 1855 NA		1.3 STREET ADDRESS	
CITY - ST - ZIP INVERNESS FL 34451		1.4 CITY - ST - ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUTCHINSON, KAREN		2.2 NAME	
STREET ADDRESS 15080 W. RIVER ROAD		2.3 STREET ADDRESS	
CITY - ST - ZIP INGLIS FL 34449		2.4 CITY - ST - ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALL, LINDA		3.2 NAME	
STREET ADDRESS 22 NORTH DAVIS STREET		3.3 STREET ADDRESS	
CITY - ST - ZIP BEVERLY HILLS FL 34465		3.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, GAIL		4.2 NAME	
STREET ADDRESS 22 N LEE ST		4.3 STREET ADDRESS	
CITY - ST - ZIP BEVERLY HILLS FL 34465		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Judy Figueroa	
STREET ADDRESS		5.3 STREET ADDRESS 1629 W Gulf to Lake Hwy	
CITY - ST - ZIP		5.4 CITY - ST - ZIP LECANTO FL 34461	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME James Davis	
STREET ADDRESS		6.3 STREET ADDRESS 7855 W. Sherwood Lane	
CITY - ST - ZIP		6.4 CITY - ST - ZIP Crystal River FL 34428	

14. I do 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 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: Karen Hutchinson **KAREN HUTCHINSON** **4-28-97** **(352) 746 6377**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0065428**

CR2E037 (9/96)