

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

0001000

DOCUMENT # **N01000008518**

1. Entity Name
USA/SA HIV/AIDS INTERNATIONAL TRAINING PROJECT, INC.



FILED

03 SEP -5 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200022929262
09/10/03--01044--017 **70.00



Principal Place of Business
134 E. CHURCH STREET
SUITE R07
JACKSONVILLE FL 32202

Mailing Address
134 E. CHURCH STREET
SUITE R07
JACKSONVILLE FL 32202

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-0637829**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SIMMONS, ELLA M
11625 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32258

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.
Ella M. Simmons
SIGNATURE _____ DATE **August 27, 2003**

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, ELLA M 134 E. CHURCH STREET JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DERYA 1535 WINDY OAKS DR. JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, JACQUELYN 3025 ALTAMONT AVE. EAST JACKSONVILLE FL 32218	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Founder Ella M. Simmons 134 E. Church St., Ste: R07 Jacksonville, Fla 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President #1 Charles N. Simmons, III 713 Chesswood Court Jacksonville, Fla 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Second Vice President Johnita Kehl Simmons 713 Chesswood Court Jacksonville, Fla 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Consultant on HIV/AIDS Jacquelyn Nash 3025 Altamont Avenue, East Jacksonville, Fla 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Consultant on HIV/AIDS Derya Williams 1535 Windy Oaks Drive. Jacksonville, Fla 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Internat'l Medical Advis Dr. Jeff Goldhagen, MD 4318 Blue Heron Drive Ponte Vedra Beach, Fla 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 empowerers.

SIGNATURE: **SIGNATURE OF OFFICER OR DIRECTOR** *Ella M. Simmons* **08 27 03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)