

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2005  
Secretary of State**

DOCUMENT# N03000002265

Entity Name: COMMUNITY AIDS NETWORK FOUNDATION, INC.

**Current Principal Place of Business:**

1231 TUTTLE AVENUE N  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

1231 TUTTLE AVENUE N  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 57-1169496      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CUFFAGE, MICHAEL W  
1231 TUTTLE AVENUE N  
SARASOTA, FL 34237      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: LOPEZ, E. JOHN  
Address: 1231 TUTTLE AVENUE N  
City-St-Zip: SARASOTA, FL 34237

Title: D      ( ) Delete  
Name: HONICK, KEN CPA  
Address: 1231 TUTTLE AVENUE N  
City-St-Zip: SARASOTA, FL 34237

Title: D      ( ) Delete  
Name: TODD, LYNNE  
Address: 1231 TUTTLE AVENUE N  
City-St-Zip: SARASOTA, FL 34237

Title: D      ( ) Delete  
Name: GAYLOR, W.E. CHIP ESQ  
Address: 1231 TUTTLE AVENUE N  
City-St-Zip: SARASOTA, FL 34237

Title: D      ( ) Delete  
Name: TERRY, SUSAN E  
Address: 1231 TUTTLE AVENUE N  
City-St-Zip: SARASOTA, FL 34237

Title: D      ( ) Delete  
Name: CUFFAGE, MICHAEL W  
Address: 1231 TUTTLE AVENUE N  
City-St-Zip: SARASOTA, FL 34237

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. CUFFAGE

D

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date