

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2006
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: CEO (X) Change () Addition
Name: TERRY, SUSAN E
Address: 1231 TUTTLE AVENUE N
City-St-Zip: SARASOTA, FL 34237

Title: CFO (X) Change () Addition
Name: CUFFAGE, MICHAEL W
Address: 1231 TUTTLE AVENUE N
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 CUFFAGE

CFO

01/09/2006

Electronic Signature of Signing Officer or Director

Date