

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002265

FILED  
Jan 20, 2011  
Secretary of State

**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 ( )

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

LOCKWOOD, JENNIFER 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  
Name: STRASSER, BOB  
Address: 1231 TUTTLE AVENUE N  
City-St-Zip: SARASOTA, FL 34237

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

Title: D  
Name: LIND, LESLIE CPA  
Address: 1231 TUTTLE AVENUE N  
City-St-Zip: SARASOTA, FL 34237

Title: D  
Name: EDWARD, SCHAYE  
Address: 1231 TUTTLE AVENUE N  
City-St-Zip: SARASOTA, FL 34237

Title: CFO  
Name: LOCKWOOD, JENNIFER W  
Address: 1231 TUTTLE AVENUE N  
City-St-Zip: SARASOTA, FL 34237

Title: CEO  
Name: CUFFAGE, MICHAEL W  
Address: 1231 TUTTLE AVENUE N  
City-St-Zip: SARASOTA, FL 34237

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER LOCKWOOD

CFO

01/20/2011

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

\_\_\_\_\_  
Date