

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002265

FILED  
Mar 27, 2012  
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: CHAI  
Name: SCHAYE, ED  
Address: 3449 WINDING OAKS DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: BOD  
Name: STRASSER, ROBERT  
Address: 3810 OAKLEY GREEN  
City-St-Zip: SARASOTA, FL 34235

Title: BOD  
Name: LIND, LESLIE CPA  
Address: 2310 GOLDEN ROD ST.  
City-St-Zip: SARASOTA, FL 34239

Title: BOD  
Name: BLOOM, DAVID  
Address: 5361 DOMINCA CIRCLE  
City-St-Zip: SARASOTA, FL 34233

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 W. LOCKWOOD

CFO

03/27/2012

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

\_\_\_\_\_  
Date