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04-30-1999 90108 033 ****70.00

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N10399

1. Corporation Name

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY, INC.

Principal Place of Business

2580 METROCENTRE BLVD.
 SUITE 2
 WEST PALM BEACH FL 33407
 US

Mailing Address

P. O. BOX 18887
 WEST PALM BEACH FL 33416-8887
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/24/1985

4. FEI Number

59-2582229

Applied For
 Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Election Campaign Financing



\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

~~WIEWORA, RONALD J.
 335 BURNS ROAD
 SUITE 302
 PALM BEACH GARDENS FL 33410~~

10. Name and Address of New Registered Agent

81 Name

CLAIRE J. ARNOLD

82 Street Address (P.O. Box Number is Not Acceptable)

83 31 W. CYPRESS ROAD

84 City LAKE WORTH

FL

85 Zip Code
 33467

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Claire J. Arnold*

CLAIRE J. ARNOLD, PRESIDENT

4/27/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERTSCH, ROBERT A.	
STREET ADDRESS	4149 LAKESPUR CIRCLE N.	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHEIMAN, FRED	
STREET ADDRESS	3390 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WIEWORA, RONALD J	
STREET ADDRESS	335 BURNS RD., STE. 302	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KARYL NEAL	
STREET ADDRESS	4400 PGA BLVD #400	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARNOLD, CLAIRE J.	
1.3 STREET ADDRESS	31 W. CYPRESS ROAD	
1.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HIGDON, GLENN	
3.3 STREET ADDRESS	2210 22ND LANE	
3.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	COOPER, SCOTT	
5.3 STREET ADDRESS	8743 WAKEFIELD DRIVE	
5.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Claire J. Arnold* SIGNATURE: *Claire J. Arnold* CLARE J. ARNOLD, PRES. 4/27/99 (561) 737-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)