2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90928 003 ****70.00

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DOCUMENT # N10399

1. Entity Name

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
2580 METROCENTRE BLVD. SUITE 2 WEST PALM BEACH FL 33407 US	P. O. BOX 18887 WEST PALM BEACH FL 33416-8887 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2330 S. Congress Ave.	
Suite, Apt. #, etc.: Suite 2B	Suite, Apt. #, etc.
City & State: Palm Springs, FL	City & State
Zip: 33406 Country: US	Zip Country

4. FEI Number 59-2582229 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARNOLD, CLAIRE J 31 W CYPRESS RD LAKE WORTH FL 33467	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARNOLD, CLAIRE J 31 W CYPRESS RD LAKE WORTH FL 33467	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HIGDON, GLENN 218 7TH STREET APT 5 LAKE PARK FL 33403	☒ Delete	SD Melvin Fowler 218 7th St., Apt. 5 Lake Park, FL 33403	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KARYL NEAL 4400 PGA BLVD #400 PALM BCH GDNS FL 33410	☒ Delete	TD Michael J. Calhoun 415 North "L" Street, Apt. 1 Lake Worth, FL 33460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MACK, ANTHONY 1803 TAMARIND AVE WEST PALM BEACH FL 33407	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claire J Arnold Claire J Arnold 3/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #