

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10399

FILED
Apr 26, 2005
Secretary of State

Entity Name: COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

2330 S. CONGRESS AVE.
PALM SPRINGS, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 18887
WEST PALM BEACH, FL 334168887 US

New Mailing Address:

FEI Number: 59-2582229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEED, LARRY
2330 SOUTH CONGRESS AVE
WEST PALM BEACH, FL 33416 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: PD () Delete
Name: BABB, KEITH W
Address: 2597 BACOM POINT ROAD
City-St-Zip: PAHOKEE, FL 33476 US

Title: VD () Delete
Name: FOLEY, JOHN A
Address: 423 FERN STREET
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: STD () Delete
Name: JAGOE, WILLIAM L MR.
Address: 17698 ALEXANDER RUN
City-St-Zip: JUPITER, FL 33478 US

Title: D () Delete
Name: PRIMM, BENY J DR.
Address: 22 CHAPEL STREET
City-St-Zip: BROOKLYN, NY 11201

Title: D () Delete
Name: THYS, SERGE DR.
Address: 15390 OCEAN BREEZE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: PALMER, LINDA MS.
Address: 310 35TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VASQUEZ, MARIA E MS.
Address: 124 LAKESHORE DRIVE, G-37
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEITH W. BABB

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date