2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# N10399

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

Current Principal Place of Business:

2330 S. CONGRESS AVE.
SUITE 2B
PALM SPRINGS, FL 33406 US

New Principal Place of Business:

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

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:

ARNOLD, CLAIRE J
31 W CYPRESS RD
LAKE WORTH, FL 33467

Name and Address of New Registered Agent:

LEED, LARRY
2330 SOUTH CONGRESS AVE
WEST PALM BEACH, FL 33416 US

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: LARRY LEED 04/29/2003
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARNOLD, CLAIRE J
Address: 31 W CYPRESS RD
City-St-Zip: LAKE WORTH, FL 33467

Title: SD ( ) Delete
Name: FOWLER, MELVIN
Address: 218 7TH ST APT 5
City-St-Zip: LAKE PARK, FL 33403

Title: TD ( ) Delete
Name: CALHOUN, MICHAEL J
Address: 415 NORTH L STREET APT 1
City-St-Zip: LAKE WORTH, FL 33460

Title: VD (X) Delete
Name: MACK, ANTHONY
Address: 1803 TAMARIND AVE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BABB, KEITH W
Address: 2597 BACOM POINT ROAD
City-St-Zip: PAHOKEE, FL 33476 US

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

Title: STD (X) Change ( ) Addition
Name: PALMER, LINDA
Address: 310 35TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

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

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: JOHN A. FOLEY VD 04/29/2003
Electronic Signature of Signing Officer or Director — Date