## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

N34517

(5)

LEE COUNTY AIDS TASK FORCE, INC.									
Principal Place of Business		Mailing Address				( )0011101 DD3 (1111 0184) D1(01 1101	ı akalı dibili bibili bibili b	IDER BUDUL DIBUK EDEL	
2231-B MCGREGOR BLVD. FT. MYERS FL 33901 US		2231-B MCGREGOR BLVD FT MYERS FL 33901 US							
						<ol> <li>Date Incorporated or Qualified 10/03/1989</li> </ol>	3a. Date of La 02/14		
2. Principal Pla 21	ace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number 65-0147957		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional	
City & State		City & State				6. Election Campaign Financing	\$5	e Required .00 May Be	
Zip Country		28	B Zip Country			Trust Fund Contribution	LJ Ad	ded to Fees	
24	25 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔀 No			s. 199.032,		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered Agent		
			[	Name	Vid	ckie Soler			
TICE, MICHAEL C.			į.	2 Street	Addres	Address (P.O. Box Number is Not Acceptable)			
2149 FIRST STREET			-		231-	-31-B McGREGOR BLVD.			
ETMYE	RS FL 33901		<u>ַ</u>	13					
			[8	4 City	r. MY	et S	FL 85	2ip Code 3390 /	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above named corrovation submits this statement for the purpose of charging its registered								s 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 ( / BILLE Vickie H. Solon 2-6-96									
	Signature, typed or printed name of registered agent a		OTE: Registered A	gent signature	nequired wi		DATE	7000 11.10	
THLE	OFFICERS AND	DIRECTORS	13.		חח	ADDITIONS/CHANGES TO OFF			
NAME	BLOY, DEBBIE	Piperett	1.1 TITL		PD		Chang	e 🗶 Addition	
STREET ADDRESS	15851 KNIGHTSBRIDGE CT.		1.2 NAM	EET ADDRESS		m Holland			
CITY-ST-ZIP	FT MYERS FL					D. Box 7170 N/A	2011		
TITLE	D	<b>⊠</b> DELETE	2.1 TITL	-ST-ZIP	1	. Myers, FL. 3	3911 □ Chang	e 🔀 Addition	
NAME	BIRELY, BETTY	<b>)</b>	2 2 NAM		VD	3 !!			
STREET ADDRESS	FACA HADDADTOURI LAND			EET ADDRESS	1	Andrea Horowitz 15529 Fiddlesticks Blvd.			
CITY-ST-ZIP	ET MUEDA EL			Y-ST-ZIP	Ft. Myers, FL. 33912				
TITLE	SD	<b>⊠</b> DELETE	3.1 TITL	·····	SD	Myers, ru. J	Chang	e 🔀 Addition	
NAME	SUSDORF, LEE	•	32 NAN	IE		lerie Jackson	_	_	
STREET ADDRESS	2422 DR MARTIN LUTHER KI		3.3 STR	EET ADDRESS		00 Lee Blvd.			
CITY-ST-ZIP	FT MYERS FL		3.4. CIT	Y-ST-ZIP		high, 4FL. 33936			
TITLE	TD	DELETE	4.1 TITL	E	D		🔀 Chang	e 🔲 Addition	
NAME	PETTIGREW, DENNIS		4. 2 NAI	AE .	De	bbie Bloy			
STREET ADDRESS	2776 CLEVELAND AVE.	•	4.3 STR	EET ADDRESS		851 Knightsbridg	re Ct.		
CITY-ST-ZiP	FT MYERS FL		4.4 CITY	-ST-ZIP	Ft	. Myers, FL. 33	3905		
THTLE	VD	<b>₹</b> DELETE	5 1 TITL	E	D		∠ Chang	e 🛅 Addition	
NAME	WELLS, LOVIE, JR		5.2 NAN	IE		vie Wells, Jr.			
STREET ADDRESS	3644 CLERMONT DR		53 STR	EET ADDRESS	1	4 Connecticut Av			
CITY-ST-ZIP	FT MYERS FL	No. res		- ST- ZIP	Ft	. Myers, FL. 3	3908		
TITLE	D THANKS	<b>⊠</b> DELETE	61 TITL				☐ Chang	e 🔲 Addition	
NAME	MILLER, T. WAYNE		6.2 NAM		-				
STREET ADDRESS	15191 HOMESTEAD RD.			EET ADDRESS					
CITY-ST-ZIP	LEHIGH, FL 33971 y certify that the information supplied wi	th this filing is voluntarily for	6.4 CITY	-ST-ZIP	alify for	the exemption stated in Section 110	07(3)(k) Florida Sta	tutes I further	

SIGNATURE:

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this agricual 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 curporation or the receiver or trustee empowered to execute his record 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.

GNATURE:

BIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

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