

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34517 (5)

1. Corporation Name

LEE COUNTY AIDS TASK FORCE, INC.

Principal Place of Business

2231-B MCGREGOR BLVD.
FT. MYERS FL 33901
US

Mailing Address

2231-B MCGREGOR BLVD
FT MYERS FL 33901
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MOORE, CAROLYN L
2231 MCGREGOR
FT. MYERS FL 33901

3. Date Incorporated or Qualified

10/03/1989

4. FEI Number

65-0147957

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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
NAME HOROWITZ, ANDREA
STREET ADDRESS 18529 FIDDLESTICK BLVD.
CITY-ST-ZIP FORT MYERS FL 33912

☐ DELETE

TITLE VD
NAME ROLLS, DAVID
STREET ADDRESS 2107 CLEVELAND AVE.
CITY-ST-ZIP FORT MYERS FL 33901

☐ DELETE

TITLE SD
NAME FOWLER, DAVID
STREET ADDRESS 1715 MONROE STREET
CITY-ST-ZIP FORT MYERS FL 33901

☐ DELETE

TITLE TD
NAME POPE, ELIZABETH
STREET ADDRESS 8211 COLLEGE PARKWAY
CITY-ST-ZIP FORT MYERS FL 33919

☐ DELETE

TITLE D
NAME PRATHER, WILLIAM
STREET ADDRESS 1380 COLONIAL BLVD.
CITY-ST-ZIP FORT MYERS FL 33901

☐ DELETE

TITLE D
NAME BRONTRAGER, PAUL
STREET ADDRESS 8357 COOK DRIVE
CITY-ST-ZIP FORT MYERS FL 33917

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

MARTIN, Elizabeth
(name chng. only)

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 20 1998 8:00am
Secretary of State



0009746

CR2E037 (5/98)

07.27.98