2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90193 035 ****61.25

DOCUMENT # N34517

1. Entity Name
ISLAND COAST AIDS NETWORK, INC.

Principal Place of Business	Mailing Address
2231-B MCGREGOR BLVD. FT. MYERS, FL 33901 US	2231-B MCGREGOR BLVD FT MYERS, FL 33901 US

01062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0147957 ☐ 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
MOORE, CAROLYN L 2231 MCGREGOR FT. MYERS, FL 33901	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carolyn L. Moore Exec. Dir. 01/07/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TRUST, TERRY 16848 COLONYLAKES BLVD FT MYERS, FL 83901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TILLEY, TERRY 16848 COLONY LAKES BLVD FT MYERS, FL 33901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOLLOY, CORA 8909 BANYAN COVE CIRCLE FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SPENCER, JENNIFER 4450 OAK CREST LANE FORT MYERS, FL 33905	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARTIN, ELIZABETH 8211 COLLEGE WAY FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOPEZ, JOHN 12671 Whitehall Drive Fort Myers, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LIBBY-MARTIN, SLATER 8211 COLLEGE PARKWAY FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRAY-BLANCETT, STEPHEN 17425 Fuchsia Road Fort Myers, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SLIMAN, JENNIFER 4450 OAK CREST LANE FORT MYERS, FL 33905	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAITLAND, SALLY 12221 MOONSHELL SRIVE CAPE CORAL, FL 33991	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Stephen Gray-Blancett Stephen Gray-Blancett 1/30/05 235-404-4804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #