2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 14, 2008 8:00 am **Secretary of State** DOCUMENT # N34517 01-14-2008 90089 002 ****61.25 ISLAND COAST AIDS NETWORK, INC. Mailing Address Principal Place of Business 40002140 2231-B MCGREGOR BLVD 2231-B MCGREGOR BLVD. FT MYERS, FL 33901 FT. MYERS, FL 33901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chq-NP CR2E037 (12/06) City & State Applied For 4. FEI Number City & State 65-0147957 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOORE, CAROLYN L Street Address (P.O. Box Number is Not Acceptable) 2231 MCGREGOR FT. MYERS, FL 33901 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. To Co ☐ Delete TITLE ☐ Change ■ Addition LOPEZ, JOHN NAME NAME 12671 WHITEHALL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition HALL, TERRY NAME NAME 1415 BAY DREW CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-7IP Change □ Delete TITLE ☐ Addition TITLE SCHAFFER, ALICE NAME NAME STREET ADDRESS 244 LAKEVIEW DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT MYERS, FL 33917 SecretARY Addition TITLE Delete ☐ Change TITLE BARNETTE, FELICIA NAME NAME RobALO ORIVE STREET ADDRESS 2260 FIRST ST, #201 STREET ADDRESS FORT MYERS, FL 33901 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the 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 of the 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 of the 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 of the 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 of the corporation of the receiver of the 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 of the 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 of the 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 of the true and accurate and the same legal effect as if the true and accurate and the true and the t -arolyn Moore

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

☐ Addition

FILED