2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N34517

Entity Name: ISLAND COAST AIDS NETWORK, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2231-B MCGREGOR BLVD
FT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 65-0147957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, CAROLYN L
2231 MCGREGOR
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: LOPEZ, JOHN
Address: 12671 WHITEHALL DR
City-St-Zip: FORT MYERS, FL 33907

Title: P ( ) Delete
Name: HALL, TERRY
Address: 1415 BAY DREW CT
City-St-Zip: FORT MYERS, FL 33901

Title: VP ( ) Delete
Name: SCHAFFER, ALICE
Address: 244 LAKEVIEW DR
City-St-Zip: FORT MYERS, FL 33917

Title: S ( ) Delete
Name: MARTIN, JOHN
Address: 945 ROBALO DR
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: VICE, ROBERT
Address: 1666 LLEWELLYN DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: VP (X) Change ( ) Addition
Name: RUTHSATZ, CRAIG
Address: 22374 FOUNTAIN LAKES
City-St-Zip: ESTERO, FL 33928

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAROLYN L MOORE ED 01/27/2009

Electronic Signature of Signing Officer or Director — Date