

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 20, 2012
Secretary of State

DOCUMENT# N34517

Entity Name: ISLAND COAST AIDS NETWORK, INC.**Current Principal Place of Business:**2231 MCGREGOR BLVD.
FT. MYERS, FL 33901 US**New Principal Place of Business:****Current Mailing Address:**2231 MCGREGOR BLVD
FORT 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 ED
2231 MCGREGOR BLVD
FORT MYERS, FL 33901 US**Name and Address of New Registered Agent:**SMITH, ROXANNE C ED
2231 MCGREGOR BLVD
FORT MYERS, FL 33901 US

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: ROXANNE C SMITH

08/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TRES
Name: LOPEZ, JOHN M
Address: 12671 WHITEHALL DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: PRES
Name: KOLESAR, EDWARD M
Address: 5765 MANGO CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: VP
Name: RUTHSATZ, CRAIG J
Address: 22374 FOUNTAIN LAKE
City-St-Zip: ESTERO, FL 33928

Title: SEC
Name: HARRIS-SCHUTZ, SHEILA
Address: 455 PALM CIRCLE EAST
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: ROXANNE C SMITH

E.D.

08/20/2012

Electronic Signature of Signing Officer or Director

Date