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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N48537** (7)
1. Corporation Name
COMMUNITY ALLIANCE OF PINELLAS FOR AIDS, INC.

Principal Place of Business Mailing Address
1411 16TH STREET NORTH ST. PETERSBURG FL 33704 **1411 16TH STREET NORTH ST. PETERSBURG FL 33704**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/23/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **APPLIED FOR - 59-3116705** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BOROW, EDWARD
1836 FORESTWOOD DR.
SAFETY HARBOR FL 34619**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reorganizing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOROW, EDWARD
STREET ADDRESS	1836 FORESTWOOD DR.
CITY - ST - ZIP	SAFETY HARBOR FL
TITLE	VPD
NAME	BOROW, EDWARD
STREET ADDRESS	1836 FORESTWOOD DR.
CITY - ST - ZIP	SAFETY HARBOR FL
TITLE	TD
NAME	ASBERRY, DUSTY
STREET ADDRESS	5341 - 9TH AVE., N.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	SD
NAME	DAVEPORT, SANDRA B
STREET ADDRESS	1050 ROMANA CT., NE
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES GOSS	
1.3 STREET ADDRESS	633 NORMANDY RD	
1.4 CITY - ST - ZIP	MADERIA BEACH, FL	
2.1 TITLE	VPD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LUIS MORAÑO	
2.3 STREET ADDRESS	5341 9th Ave N	
2.4 CITY - ST - ZIP	St Petersburg, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Georgia JOHNSON	
3.3 STREET ADDRESS	2901 35th St. S	
3.4 CITY - ST - ZIP	St Petersburg, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in person; 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: *Georgia Johnson* **Georgia JOHNSON** 2-15-95 (813)341-1211
Treasurer