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Jun 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000002262 (4)  
1. Corporation Name  
PEOPLE OF COLOR AIDS COALITION, INC. OF BROWARD COUNTY



Principal Place of Business Mailing Address  
624 N.W. 15TH WAY FT. LAUDERDALE FL 33311 624 N.W. 15TH WAY FT. LAUDERDALE FL 33311-7808

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/18/1993	3a. Date of Last Report 03/04/1996
21	26	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRAYNON, CORA E 1630 N.W. 25TH AVENUE FT. LAUDERDALE FL 33311				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	5208 NW 67 Avenue		
				83			
				84 City	Fort Lauderdale	85 Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO	1.1 TITLE	President - D
NAME	MOORE, JASMIN SHIRLEY	1.2 NAME	Jasmin Shirley MOORE
STREET ADDRESS	1515 NORTHWEST 4TH STREET	1.3 STREET ADDRESS	1565 NW 4 Street
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	FL. Lauderdale, FL 33311
TITLE	SD	2.1 TITLE	Secretary - D
NAME	BRAYNON, CORA E.	2.2 NAME	Juliette Love
STREET ADDRESS	1630 NORTHWEST 25 AVENUE	2.3 STREET ADDRESS	2130 Somerseset DR # 103
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33311
TITLE	T	3.1 TITLE	Treasurer - D
NAME	RAWLINS, ERIC	3.2 NAME	CORA E. BRAYNON
STREET ADDRESS	2004 NORTHWEST 12TH AVENUE	3.3 STREET ADDRESS	5208 NW 67 Ave
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	FL. Lauderdale, FL 33319-7226
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)