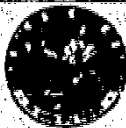


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002781 (3)

1. Corporation Name

AIDS ORPHANS AND STREET CHILDREN, INC.

Principal Place of Business

Mailing Address

223 LAUREN CT
MERRITT ISLAND FL 32952

293 LAUREN CT
MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3210045

Applied For

Not Applicable

5. Certificate of Status Desired

\$0.75 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLAND, ROBERT M
293 LAUREN CT
MERRITT ISLAND FL 32952**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **BLAND, ROBERT M.**
STREET ADDRESS **293 LAUREN CT**
CITY-ST-ZIP **MERRITT ISLAND FL**

1.1 TITLE **D** Change Addition
1.2 NAME **STRINGER, CATHY B**
1.3 STREET ADDRESS **625 FOREST DR**
1.4 CITY-ST-ZIP **GROVE CITY, PA 16127**

TITLE **D**
NAME **BLAND, BERNICE M**
STREET ADDRESS **293 LAUREN CT**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

2.1 TITLE **S/D** Change Addition
2.2 NAME **DOOMS, TAMI L**
2.3 STREET ADDRESS **3305 TAMARACK CT APT 519**
2.4 CITY-ST-ZIP **EVANSVILLE, IN 47715**

TITLE **VD**
NAME **VANDERPOOL, KATHERINE S.**
STREET ADDRESS **890 E. HALL RD**
CITY-ST-ZIP **MERRITT ISLAND FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD**
NAME **LITTLE, ROBIN M.**
STREET ADDRESS **845 MONTEGO BAY DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D**
NAME **LITTLE, ELIZABETH**
STREET ADDRESS **845 MONTEGO BAY DR**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **DOOMS, GEORGE H**
STREET ADDRESS **13000 US 41 N**
CITY-ST-ZIP **EVANSVILLE IN 47711**

6.1 TITLE Change 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)(b), 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, the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes occur on an appointment with no changes.

SIGNATURE:

Robert M. Bland
4/26/95

4-20-95

(407) 453-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #