FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

N93000002781 (3)

AIDS	ORPHANS	AND	STREET	CHILDREN,	INC.
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9:					
Principal Place	of Business	Mailing Address		1 SANTING DIN TOTON TOTAL STATE SANTE	MAINT ABNIS ABNIA NIBIE IMBAN 45181 NIBI NAN
293 LAUREN MERRITT ISL	CT .and FL 32952	293 LAUREN CT MERRITT ISLAND FL 3	32952		
8.0				 Date Incorporated or Qualified 06/14/1993 	3a. Date of Last Report 04/26/1995
2. Principal Pia 21	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-3210045	Not Applicable
City & State		27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζρ	Country	Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of Curren	r Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
			81 Name		
	ROBERT M		82 Street	Address (P.O. Box Number is Not Acceptable	9)
293 LAU			83		
MERKII	T ISLAND FL 32952		63		
			84 City		85 Zip Code
11 Pursuant t	a the provisions of Sections 617 0500	and 617 1500 Florida District			-1 '
Or registeri	ou agent, or both, in the state of Fioric	ia. Such change was authorze	ed by the corporation's	orporation submits this statement for the purp board of directors. I hereby accept the appoi	ose of changing its registered office otment as registered agent. Lam
tamiliar wit	th, and accept the obligations of, Secti	on 617.0503, Florida Statutes.		,,	amora do registerea agent. Fun
SIGNATURE _	Shows been a constant				
12.	Signature, typed or printed name of registered agent OFFICERS AND		TE: Registered Agent signature 13.	equired when renstating: ADDITIONS/CHANGES TO OFFIC	OATE
TITLE	D	DELETE	1.1 TIFLE	T	
NAME	STRINGER, CATHY B	- Partie	1.2 NAME	PD	Change Addition
STREET ADDRESS	625 FOREST DRIVE		1.3 STREET ADDRESS	BLAND, ROBERT M	
CITY-ST-ZIP	GROVE CITY PA		1.4 CITY - \$1 - ZIP	293 LAUREN CT	10.50
TITLE	SD	DELETE	2.1 TITLE	MERRITT ISLAND FL 32	.952 ☐ Change ☐ Addition
NAME	DOOMS, TAMI L	_	2 2 NAME	; -	
STREET ADDRESS	3305 TAMARACH COURT AP	T 519	2 3 STREET ADDRESS	BLAND, BERNICE M	
DITY-ST-ZIP	EVANSVILLE IN	. 0.0	2 4 CITY-ST-ZIP	293 LAUREN CT	10.50
TITLE	VD	DELETE	31 TITLE	MERRITT ISLAND FL 32	□ Change □ Addition
NAME	VANDERPOOL, KATHERINE S	. —·	3.2 NAME		
STREET ADDRESS	890 E. HALL RD		3 3 STREET ADDRESS		
CITY - ST - ZIP	MERRITT ISLAND FL		3 4 CITY-SI-ZIP		
TITLE	TD	DELETE	4 1 TITLE	TD	Change Addition
NAME	LITTLE, ROBIN M.		4. 2 NAME	LITTLE, ROBIN M	
STREET ADDRESS	845 MONTEGO BAY DRIVE		4.3 STREET ADDRESS	890 E HALL RD	
CHTY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY - ST - ZIP	MERRITT ISLAND FL 32	953
TITLE	D	DELETE	5 1 TITLE	D	☐ Change ☐ Addition
NAME	little, euzabeth		5.2 NAME	TIMETU BITEARRE	
STREET ADDRESS	845 MONTEGO BAY DR		5 3 STREET ADDRESS	LITTLE, ELIZABETH 390 E M ALL RD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		5.4 CITY - ST - ZIP		953
TITLE	D	DELETE	61 TIFLE	SD	🙀 Change 🔲 Addition
NAME	DOOMS, GEORGE H		6.2 NAME	DOOMS, TAMI L	
STREET ADDRESS	13000 US 41 N		6.3 STREET ADDRESS	2613 N GREEN RIVER RD	
CITY-ST-ZIP	EVANSVILLE IN 47711		6.4 CITY-ST-ZIP	DUANCULLE ON 1221C	
certify that	r ceruly that the information supplied withe information indicated on this arms	rith this filing is voluntarily furnis al recort or supplemental annu	shed and does not quality and ac-		(3)(k), Florida Statutes. I further
oath; that I appears in	am an officer or director of the corpor Block 12 or Block 12 it changed of or	ation of the receiver or trusteen an attachment with an atid	empowered to kecht	curate and that my signature shall have the sa e this report as required by Chapter 617, Flori	da Statutes; and that my name

SIGNATURE:

/3\$8 4-17-96

407-453-0350 Daytime Phone #