

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002781 (3)**  
1. Corporation Name

**AIDS ORPHANS AND STREET CHILDREN, INC.**



Principal Place of Business <b>293 LAUREN CT MERRITT ISLAND FL 32952</b>	Mailing Address <b>293 LAUREN CT MERRITT ISLAND FL 32952</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>06/14/1993</b>	3a. Date of Last Report <b>04/24/1996</b>
				4. FEI Number <b>59-3210045</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				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 <b>BLAND, ROBERT M 293 LAUREN CT MERRITT ISLAND FL 32952</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STRINGER, CATHY B</b>		1.2 NAME	
STREET ADDRESS <b>625 FOREST DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>GROVE CITY PA</b>		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DOOMS, TAMI L</b>		2.2 NAME	
STREET ADDRESS <b>3305 TAMARACH COURT APT 519</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>EVANSVILLE IN</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VANDERPOOL, KATHERINE S.</b>		3.2 NAME	
STREET ADDRESS <b>890 E. HALL RD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MERRITT ISLAND FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LITTLE, ROBIN M.</b>		4.2 NAME	
STREET ADDRESS <b>890 E HALL RD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MERRITT ISLAND FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LITTLE, ELIZABETH</b>		5.2 NAME	
STREET ADDRESS <b>890 E HALL RD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>MERRITT ISLAND FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOOMS, TAMI L.</b>		6.2 NAME	
STREET ADDRESS <b>2613 N GREEN RIVER RD</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>EVANSVILLE IN</b>		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.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)