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Jan 28, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002781

1. Corporation Name

AIDS ORPHANS AND STREET CHILDREN, INC.

Principal Place of Business

293 LAUREN CT
MERRITT ISLAND FL 32952

Mailing Address

293 LAUREN CT
MERRITT ISLAND FL 32952



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BLAND, ROBERT M
293 LAUREN CT
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified

06/14/1993

4. FEI Number

59-3210045

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STRINGER, CATHY B	
STREET ADDRESS	625 FOREST DRIVE	
CITY-ST-ZIP	GROVE CITY PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLAND, ROBERT	
STREET ADDRESS	293 LAUREN CT	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VANDERPOOL, KATHERINE S.	
STREET ADDRESS	890 E. HALL RD	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOOMS, GEORGE H	
STREET ADDRESS	13000 US 41 N	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LITTLE, ELIZABETH	
STREET ADDRESS	890 E HALL RD	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DOOMS, TAMI L.	
STREET ADDRESS	2613 N GREEN RIVER RD	
CITY-ST-ZIP	EVANSVILLE IN	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

1-12-99

Date

407-453-0350

Daytime Phone #

CR2E037 (1/98)