

FILE NOW: FILING FEE IS \$61.25

FILED  
Oct 07 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000006504 (1)**  
1. Corporation Name  
**FLORIDA AIDS ACTION COUNCIL, INC.**



Principal Place of Business <b>12490 NE 7TH AVENUE #214 NORTH MIAMI FL 33161</b>	Mailing Address <b>12490 NE 7TH AVENUE #214 NORTH MIAMI FL 33161</b>
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3. Date Incorporated or Qualified <b>11/18/1997</b>	
4. FEI Number <b>65-0816828</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**8. Name and Address of Current Registered Agent**

**FERRER, LUIGI  
6700 SW 52ND STREET  
MIAMI FL 33155**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, RONALD R PH.D.</b>	
STREET ADDRESS	<b>2829 WEST 10TH STREET</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FERRER, LUIGI</b>	
STREET ADDRESS	<b>6700 SW 52ND STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDREWS, STANLEY B DR</b>	
STREET ADDRESS	<b>9805 ALASKA CIRCLE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ALBRECHT, Charles, TAN</b>	
1.3 STREET ADDRESS	<b>11215 N. Nebraska Ave, Suite B3</b>	
1.4 CITY-ST-ZIP	<b>Tampa, Fla. 33612</b>	
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Gene Coppello, NFAN</b>	
2.3 STREET ADDRESS	<b>112 West Adams St., 10th floor</b>	
2.4 CITY-ST-ZIP	<b>Jacksonville, Fla. 32202</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Debbi Tucci, Centaur</b>	
3.3 STREET ADDRESS	<b>166 Sheridan Avenue</b>	
3.4 CITY-ST-ZIP	<b>Longwood, FL. 32750</b>	
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Kay Jems, CAP</b>	
4.3 STREET ADDRESS	<b>2580 Metrocentre Blvd, Suite 2</b>	
4.4 CITY-ST-ZIP	<b>West Palm Beach, FL. 33407</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Lew Sibert</b>	
5.3 STREET ADDRESS	<b>1199 Shipwatch Circle</b>	
5.4 CITY-ST-ZIP	<b>Tampa, FL. 33602</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Mary Stokes</b>	
6.3 STREET ADDRESS	<b>1462 Classic Oak Ct.</b>	
6.4 CITY-ST-ZIP	<b>Jacksonville, FL.</b>	

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.

SIGNATURE: \_\_\_\_\_

CFR2E037 (10/97)