FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:26

DOCUMENT # **576957** **(5)**

1. Corporation Name
AIDS FOR LIVING, INC.

Principal Place of Business	Mailing Address
615 STOCKTON STREET JACKSONVILLE FL 32204	615 STOCKTON STREET JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/21/1978**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24:
Country 25:
Zip 29:
Country 30:

4. FEI Number: **59-1826616** ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CHILDERS-BUTLER, GLORIA W.
2502 DELLWOOD AVENUE
JACKSONVILLE FL 32204

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PTSD**	11 TITLE	Treas, Sec, Director	☐ Change ☑ Addition
NAME	**CHILDERS-BUTLER, GLORIA**	12 NAME	Chair person - Agent	
STREET ADDRESS	**2502 DELLWOOD AVE**	13 STREET ADDRESS		
CITY-ST-ZIP	**JACKSONVILLE FL**	14 CITY-ST-ZIP	32204	
TITLE	**VD**	21 TITLE		☐ Change ☑ Addition
NAME	**CHILDERS, ELLERY L.**	22 NAME		
STREET ADDRESS	**615 STOCKTON ST.**	23 STREET ADDRESS		
CITY-ST-ZIP	**JACKSONVILLE, FL 00000**	24 CITY-ST-ZIP	32204	
TITLE	**VD**	31 TITLE	Pres - D	☐ Change ☑ Addition
NAME	**WILTFANG, RICHARD R.**	32 NAME		
STREET ADDRESS	**615 STOCKTON STREET**	33 STREET ADDRESS		
CITY-ST-ZIP	**JACKSONVILLE, FL 00000**	34 CITY-ST-ZIP	32204	
TITLE	**D**	41 TITLE		☑ Change ☐ Addition
NAME	**WILTFANG, THOMAS G**	42 NAME		
STREET ADDRESS	**305 E MAIN**	43 STREET ADDRESS	157 E Main	
CITY-ST-ZIP	**FOREST NC**	44 CITY-ST-ZIP	28043	
TITLE	**D**	51 TITLE		☐ Change ☐ Addition
NAME	**WILTFANG, CHRISTOPHER**	52 NAME		
STREET ADDRESS	**4301 PLAZA GATE LN**	53 STREET ADDRESS		
CITY-ST-ZIP	**JACKSONVILLE FL**	54 CITY-ST-ZIP	32217	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: Gloria Childers Butler 5-18-95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0014449 CP