2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State
06-22-2005 90077 048 ****70.00

DOCUMENT # F99000001216

1. Entity Name
AIDS HEALTHCARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
6255 W. SUNET BLVD., 21ST FLOOR LOS ANGELES, CA 90028	6255 W. SUNET BLVD., 21ST FLOOR LOS ANGELES, CA 90028

DO NOT WRITE IN THIS SPACE

06162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
95-4112121
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EUGENE, BUNDROCK RN
110 SE 6TH ST STE 1960
FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VC
NAME	LAURENT, FISCHER
STREET ADDRESS	3393 28TH ST.
CITY-ST-ZIP	SAN DIEGO, CA 92104
TITLE	VC
NAME	ALBERTSON, WALLACE
STREET ADDRESS	1618 SUNSET PLAZA DR
CITY-ST-ZIP	LOS ANGELES, CA 90069
TITLE	C
NAME	SCHULTE, STEVEN
STREET ADDRESS	211 SO AVE 57 # 12
CITY-ST-ZIP	LOS ANGELES, CA 90042
TITLE	T
NAME	DIAZ, AGAPITO
STREET ADDRESS	3995 PROSPECT AVE
CITY-ST-ZIP	LOS ANGELES, CA 90027
TITLE	P
NAME	WEINSTEIN, MICHAEL
STREET ADDRESS	6255 W. SUNSET BLVD, 21ST FLOOR
CITY-ST-ZIP	LOS ANGELES, CA 90028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MICHAEL WEINSTEIN, PRES. 6/16/05 323-860-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # F99000001216

1. Entity Name
AIDS HEALTHCARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
6255 W. SUNET BLVD., 21ST FLOOR LOS ANGELES, CA 90028	6255 W. SUNET BLVD., 21ST FLOOR LOS ANGELES, CA 90028

40089003

[redacted]

DO NOT WRITE IN THIS SPACE

06162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
95-4112121

Applied For
Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EUGENE, BUNDROCK RN
110 SE 6TH ST STE 1960
FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and authorize the obligations of registered agent.

SIGNATURE: Eugene Bundrock, RN 6/16/2005
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VC
NAME	LAURENT, FISCHER
STREET ADDRESS	3393 28TH ST.
CITY-ST-ZIP	SAN DIEGO, CA 92104
TITLE	VC
NAME	ALBERTSON, WALLACE
STREET ADDRESS	1618 SUNSET PLAZA DR
CITY-ST-ZIP	LOS ANGELES, CA 90069
TITLE	C
NAME	SCHULTE, STEVEN
STREET ADDRESS	211 SO AVE 57 # 12
CITY-ST-ZIP	LOS ANGELES, CA 90042
TITLE	T
NAME	DIAZ, AGAPITO
STREET ADDRESS	3995 PROSPECT AVE.
CITY-ST-ZIP	LOS ANGELES, CA 90027
TITLE	P
NAME	WEINSTEIN, MICHAEL
STREET ADDRESS	6255 W SUNSET BLVD, 21ST FLOOR
CITY-ST-ZIP	LOS ANGELES, CA 90028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WEINSTEIN, PRES. 6/16/05 323-860-5255
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)