

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007818

**FILED**  
**Aug 12, 2004**  
**Secretary of State****Entity Name:** FRIENDS OF TOBAGO AIDS SOCIETY, INC.**Current Principal Place of Business:**14500 LURAY RD  
FT LAUDERDALE, FL 33330**New Principal Place of Business:****Current Mailing Address:**14500 LURAY RD  
FT LAUDERDALE, FL 33330**New Mailing Address:****FEI Number:** 65-1033123**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SOLOMON, IRWIN  
14500 LURAY RD  
FT LAUDERDALE, FL 33330**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** SOLOMON, IRWIN  
**Address:** 14500 LURACY ROAD  
**City-St-Zip:** FORT LAUDERDALE, FL 33330**Title:** VP ( ) Delete  
**Name:** BARCLUS, CLARENCE  
**Address:** 10733 CLEARY BLVD  
**City-St-Zip:** PLANTATION, FL 33324**Title:** T ( ) Delete  
**Name:** CHURCH, MAUREEN  
**Address:** 7170 VENETIAN STREET  
**City-St-Zip:** MIRAMAR, FL 33023**Title:** S ( ) Delete  
**Name:** SOLOMON, VALERIE  
**Address:** 14500 LURAY ROAD  
**City-St-Zip:** FORT LAUDERDALE, FL 33330**Title:** T ( ) Delete  
**Name:** LANE, ANTHONY M  
**Address:** 7971 NW 11TH STREET  
**City-St-Zip:** PLANTATION, FL 33322**Title:** T ( ) Delete  
**Name:** CHALYS, GALSTED  
**Address:** 7170 VENETIAN STREET  
**City-St-Zip:** MIRAMAR, FL 33023**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE SOLOMON

S

08/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date