2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N00000007818

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 US

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 Chapter 119, 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 SECR 04/27/2006

Electronic Signature of Signing Officer or Director — Date