

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000002530**

1. Entity Name  
**FLORIDA'S HIV/AIDS MINISTRIES, INC.**



Principal Place of Business  
**8390 NW 14TH AVE  
MIAMI, FL 33147 US**

Mailing Address  
**8390 NW 14TH AVE  
MIAMI, FL 33147 US**



07242004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-1098103**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MINCEY, JUANITA  
2527 OPA LOCKA BLVD  
OPA LOCKA, FL 33054**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, WILLIE J REV 1426 NW 83RD TERR MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OMANE, BISMARCK 19538 NW 50 COURT MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TALLEY, MARIE P O BOX 470674 MIAMI, FL 332470674
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, WILLIE J REV. 7801 NE 4TH COURT STE 506 MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, MARILYN L REV 464 NE 16TH STREET MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000168638  
07/28/04-80004-015 70.00

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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)(f), 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:** *Willie J. Bailey* **Willie J. Bailey** **7/26/2004** **(305) 691-7339**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #