2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005
Secretary of State

DOCUMENT# N01000002530

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

Current Principal Place of Business:

8390 NW 14TH AVE
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

8390 NW 14TH AVE
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 65-1098103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MINCEY, JUANITA
2527 OPA LOCKA BLVD
OPA LOCKA, FL 33054 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: PD ( ) Delete
Name: BAILEY, WILLIE J REV
Address: 1426 NW 83RD TERR
City-St-Zip: MIAMI, FL 33147

Title: TD ( ) Delete
Name: OMANE, BISMARK
Address: 19538 NW 50 COURT
City-St-Zip: MIAMI, FL 33055

Title: SD ( ) Delete
Name: TALLEY, MARIE
Address: P O BOX 470674
City-St-Zip: MIAMI, FL 332470674

Title: PD ( ) Delete
Name: BAILEY, WILLIE J REV.
Address: 7801 NE 4TH COURT STE 506
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete
Name: HARDY, MARILYN L REV
Address: 464 NE 16TH STREET
City-St-Zip: MIAMI, FL 33132

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:

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: W.J. BAILEY PD 08/05/2005

Electronic Signature of Signing Officer or Director — Date