

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

N01000005307

DOCUMENT # N01000005307

1. Entity Name

RED RIBBON HOMESTEAD AIDS PROJECT, INC.



FILED

MAY 20 AM 10:06

Principal Place of Business

C/O CAMPBELL VIRGILIO CPA  
7215 HIAWATHA PARKWAY  
SPRING HILL FL 34606

Mailing Address

C/O CAMPBELL VIRGILIO CPA  
7215 HIAWATHA PARKWAY  
SPRING HILL FL 34606

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04-28-04 90075 019 61.25



TR

MOORE CR2E037 (11/03)

2. Principal Place of Business

1123 Pinellas Street

3. Mailing Address

1123 Pinellas Street

Suite, Apt. #, etc.

Clearwater, FL

Suite, Apt. #, etc.

Clearwater, FL

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33756

Country

Pinellas

Zip

33756

Country

Pinellas

4. FEI Number

59-3736384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VIRGILAO, RAYMOND P CPA  
7215 HIAWATHA PWY  
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

Carolanne Krakower

Street Address (P.O. Box Number is Not Acceptable)

1123 Pinellas Street

City

Clearwater

FL

Zip Code

33756

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

Carolanne Krakower Carolanne Krakower

4-26-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	KRAKOWER, STEVEN R.	<input type="checkbox"/> Delete
NAME		2152 GREGORY PLACE	
STREET ADDRESS		SEA GRIT NJ 08750	
CITY-ST-ZIP			
TITLE	D	KRAKOWER, CAROL ANN	<input type="checkbox"/> Delete
NAME		2152 GREGORY PLACE	
STREET ADDRESS		SEA GRIT NJ 08750	
CITY-ST-ZIP			
TITLE	D	KREKOWER, COITLIN	<input type="checkbox"/> Delete
NAME		2182 GREGORY PLACE	
STREET ADDRESS		SEA GRIT NJ 08750	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Steven R. Krakower (Steven R. Krakower)

4-26-04

(727) 599-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #