

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003551

FILED
Feb 25, 2005
Secretary of State

Entity Name: FLORIDA ASSOCIATION ON HIV OVER FIFTY, INC.

Current Principal Place of Business:

10365 SW 111 STREET
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10365 SW 111 STREET
MIAMI, FL 33176

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DENIS, JEAN M
5919 NE 2ND AVE.
MIAMI, FL 33137 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: T () Delete
Name: SANSARICQ, MARCUS
Address: 520 NW 130 STREET
City-St-Zip: MIAMI, FL 33168 US

Title: M () Delete
Name: DENNIS, JEAN M
Address: 5919 NE 2 AVE
City-St-Zip: MIAMI, FL 33137 US

Title: S () Delete
Name: RUSSO, MONICA
Address: 1405 NW 167 STREET
City-St-Zip: MIAMI, FL 33161 US

Title: D () Delete
Name: EDELINE, CLERMONT
Address: 10365 SW 111 STREET
City-St-Zip: MIAMI, FL 33176 US

Title: D () Delete
Name: DELGADO, VINCENT
Address: 3601 FEDERAL HIGH WAY
City-St-Zip: MIAMI, FL 33137 US

Title: D () Delete
Name: TASSY, ROSE MARIE
Address: 7948 TROPICANA STREET
City-St-Zip: MIRAMAR, FL 33023 US

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: EDELINE B CLERMONT

D

02/25/2005

Electronic Signature of Signing Officer or Director

Date