

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002164

FILED
Jan 15, 2004
Secretary of State**Entity Name:** CENTRAL FLORIDA HIV/AIDS LEADERSHIP AND ACCOUNTABILITY TASK FORCE, INC.**Current Principal Place of Business:**1935 WOODCREST DRIVE
WINTER PARK, FL 32792**New Principal Place of Business:****Current Mailing Address:**1935 WOODCREST DRIVE
WINTER PARK, FL 32792**New Mailing Address:****FEI Number:** 51-0449258 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ROMAN-NAY-TORRES, GILDA
15341 LAFITE LANE
CLERMONT, FL 34711 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:** WFL () Delete
Name: ROMAN-NAY-TORRES, GILDA
Address: 15341 LAFITE LANE
City-St-Zip: CLERMONT, FL 34711**Title:** ED () Delete
Name: CARIFI, MARILYN
Address: 1935 WOODCREST BLVD.
City-St-Zip: WINTER PARK, FL 32792**Title:** PM () Delete
Name: MUNROE, ALELIA
Address: 1315 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32806**Title:** ED () Delete
Name: GRIFFIN, THOMAS J
Address: 1221 12 STREET
City-St-Zip: ST. CLOUD, FL 34769**Title:** ED () Delete
Name: JAEGER, KAREN
Address: 200 N. DENNING
City-St-Zip: WINTER PARK, FL 32792**Title:** ED () Delete
Name: KINZLER, GERARD
Address: 2256 WINTER WOOD BLVD.
City-St-Zip: WINTER PARK, FL 32792**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** MS. (X) Change () Addition
Name: ROMAN-NAY-TORRES, GILDA
Address: 15341 LAFITE LANE
City-St-Zip: CLERMONT, FL 34711**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: GILDA ROMAN-NAY-TORRES

MS.

01/15/2004

Electronic Signature of Signing Officer or Director

Date