2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# N05000000241

Entity Name: SEMINOLE HIV/AIDS COALITION, INC.

Current Principal Place of Business:

1303 W 13TH ST
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1010 S MELLONVILLE AVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-5678417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REDDEN, OSCAR JR
1010 MELLONVILLE AVE
SANFORD, FL 32771 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: REDDEN, OSCAR JR
Address: 1303 W 13TH ST
City-St-Zip: SANFORD, FL 32771

Title: VD ( ) Delete
Name: MCQUEEN, VERNON
Address: 1303 W 13TH ST
City-St-Zip: SANFORD, FL 32771

Title: STD ( ) Delete
Name: REDDEN, OSCAR III
Address: 1303 W 13TH ST
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: PERRY, VANSANTA
Address: P O BOX 1232
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: HANSON, STEPHANIE
Address: 1414 W 13TH ST
City-St-Zip: SANFORD, FL 32771

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 exemption stated in Chapter 119, 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: OSCAR REDDEN JR PD 01/18/2009

Electronic Signature of Signing Officer or Director — Date