

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004442

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** WHOSOEVER WILL LET HIM COME HIV/AID+, INC.

**Current Principal Place of Business:**

9800 NW 25TH AVENUE  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

9800 NW 25TH AVENUE  
MIAMI, FL 33147

**New Mailing Address:**

**FEI Number:** 27-1943614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, NORMA  
9800 NW 25TH AVENUE  
MIAMI, FL 33147 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:** DP  
**Name:** CRAWFORD, NORMA  
**Address:** 9800 NW 25TH AVENUE  
**City-St-Zip:** MIAMI, FL 33147

**Title:** DV  
**Name:** WILLIAMS, WILLIE P  
**Address:** 9800 NW 25TH AVENUE  
**City-St-Zip:** MIAMI, FL 33147

**Title:** DS  
**Name:** FORD, WILHELMINA  
**Address:** 9800 NW 25TH AVENUE  
**City-St-Zip:** MIAMI, FL 33147

I hereby 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 all other like empowered.

**SIGNATURE:** NORMA CRAWFORD

DP

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date