

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10399** (6)
1. Corporation Name
COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY, INC.

Principal Place of Business 2580 METROCENTRE BLVD SUITE 2 WEST PALM BEACH FL 33407 US	Mailing Address P. O. BOX 18887 WEST PALM BEACH FL 33416-8887 US
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3. Date Incorporated or Qualified

07/24/1985

4. FEI Number

59-2582229

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?



8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WIEWORA, RONALD J.
335 BURNS ROAD
SUITE 302
PALM BEACH GARDENS FL 33410**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERTISCH, ROBERT A.	
STREET ADDRESS	4149 LAKESPUR CIRCLE N.	
CITY - ST - ZIP	PALM BCH GARDENS FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHEMAN, FRED	
STREET ADDRESS	3390 S. OCEAN BLVD.	
CITY - ST - ZIP	PALM BCH. FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	WIEWORA, RONALD J	
STREET ADDRESS	335 BURNS RD., STE. 302	
CITY - ST - ZIP	PALM BEACH GARDENS FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, SUSAN	
STREET ADDRESS	2400 SPRINGDALE BLVD APT. P216	
CITY - ST - ZIP	PALM SPRINGS FL	

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	KARYL NEAL
4.4 CITY - ST - ZIP	4400 PGA BLVD., Suite 400 PALM BEACH GARDENS, FL 33410

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

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

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. BERTISCH,
PRESIDENT

4-27-98 (561) 655-8944

Date

Daytime Phone

0042362

CR2E037 (10/97)