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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N10399**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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



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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

CLAIRE J. ARNOLD

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

83 31 W. CYPRESS ROAD

84 City LAKE WORTH

FL

85 Zip Code 33467

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 *Claire J. Arnold*

CLAIRE J. ARNOLD, PRESIDENT

4/27/99

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 ☒ DELETE

NAME BERTSCH, ROBERT A.  
STREET ADDRESS 4149 LAKESPUR CIRCLE N.  
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE VD ☐ DELETE

NAME SCHEIMAN, FRED  
STREET ADDRESS 3390 S. OCEAN BLVD.  
CITY-ST-ZIP PALM BCH. FL

TITLE S ☒ DELETE

NAME WIEWORA, RONALD J  
STREET ADDRESS 335 BURNS RD., STE. 302  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE TD ☐ DELETE

NAME KARYL NEAL  
STREET ADDRESS 4400 PGA BLVD #400  
CITY-ST-ZIP PALM BCH GDNS FL 33410

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD ☒ Change ☐ Addition

1.2 NAME

ARNOLD, CLAIRE J.

1.3 STREET ADDRESS

31 W. CYPRESS ROAD

1.4 CITY-ST-ZIP

LAKE WORTH FL 33467

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

SD ☒ Change ☐ Addition

3.2 NAME

HIGDON, GLENN

3.3 STREET ADDRESS

2210 22ND LANE

3.4 CITY-ST-ZIP

LAKE WORTH FL 33463

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

VD ☐ Change ☒ Addition

5.2 NAME

COOPER, SCOTT

5.3 STREET ADDRESS

8743 WAKEFIELD DRIVE

5.4 CITY-ST-ZIP

PALM BEACH GARDENS FL 33410

6.1 TITLE

☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Claire J. Arnold* SIGNATURE REQUIRED: CLARE J. ARNOLD, PRES. 4/27/99 (561) 737-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)