


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90169 006 ****70.00

DOCUMENT # N10399					
1. Entity Name COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY, INC.					
Principal Place of Business 2330 S. CONGRESS AVE. PALM SPRINGS, FL 33406 US			Mailing Address P. O. BOX 18887 WEST PALM BEACH, FL 33416-8887 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2582229	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEED, LARRY 2330 SOUTH CONGRESS AVE WEST PALM BEACH, FL 33416				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABB, KEITH W		NAME	SUZANNE BEAUVOIR	
STREET ADDRESS	2597 BACOM POINT ROAD		STREET ADDRESS	2201 45th STREET	
CITY-ST-ZIP	PAHOKEE, FL 33476		CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, JOHN A		NAME		
STREET ADDRESS	423 FERN STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAGOE, WILLIAM L MR.		NAME		
STREET ADDRESS	17698 ALEXANDER RUN		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUES-ADAMS, KATHELYN MS.		NAME		
STREET ADDRESS	3301 GUN CLUB ROAD 3318 FOREST HILL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THYS, SERGE DR.		NAME		
STREET ADDRESS	13390 OCEAN BREEZE LANE 2151 45th STREET		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414 WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, MARIA E MS.		NAME		
STREET ADDRESS	124 LAKESHORE DRIVE, G-37		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>LARRY LEED</i> LARRY LEED C.O.O.			3/19/07 561-472-9160 x203		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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