

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10607** (2)

1. Corporation Name

TAMPA AIDS NETWORK, INC.



Principal Place of Business

Mailing Address

**11215 N NEBRASKA, STE B-3
TAMPA FL 33612**

**11215 N NEBRASKA, STE B-3
TAMPA FL 33612**

3. Date Incorporated or Qualified

08/08/1985

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2607721

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

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

Zip

Country

24

25

Zip

Country

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUEHN, CHUCK
509 E. ELLICOTT
TAMPA FL 33608**

81 Name

FISHER, LISA

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

7507 WILLOW COURT

83

84 City

TAMPA

FL

85 Zip Code

33634

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

Lisa Fisher

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

(NOTE: Registered Agent signature required when reinstating)

1/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	KUEHN, CHUCK	
STREET ADDRESS	509 E. ELLICOTT	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, PATRICIA	
STREET ADDRESS	5100 BURCHETTE RD #3805	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURR, CHRIS	
STREET ADDRESS	4606 EUCLID AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WIRGES, FRANK	
STREET ADDRESS	4601 FAIRWAY DR	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, RICHARD	
STREET ADDRESS	37654 FOUNTAIN ROAD	
CITY - ST - ZIP	ZEPHYR HILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	ACTING ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FISHER, LISA	
13 STREET ADDRESS	7507 Willow Court	
14 CITY - ST - ZIP	TAMPA, FL 33634	
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CHRIS BURR	
23 STREET ADDRESS	4606 EUCLID AVE	
24 CITY - ST - ZIP	TAMPA, FL 33629	
31 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MAUREEN BARRY	
33 STREET ADDRESS	1515 S. HOWARD AVE #203	
34 CITY - ST - ZIP	TAMPA, FL 33606	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	HENRY ELLIS	
53 STREET ADDRESS	6024 HANLEY RD	
54 CITY - ST - ZIP	TAMPA, FL 33634	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lisa Fisher

Lisa Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

DATE

(813) 979-1919

DAYTIME PHONE #

CR2E037 (12/95)