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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

11215 N NEBRASKA, STE B-3
TAMPA FL 33612

Mailing Address

11215 N NEBRASKA, STE B-3
TAMPA FL 33612-5730



3. Date Incorporated or Qualified
08/08/1985

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2607721

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

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

FISHER, LISA
7507 WILLOW CT
TAMPA FL 33634

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

Lisa Fisher

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

(NOTE: Registered Agent signature required when reinstating)

1/22/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ED** ☐ DELETE
NAME **FISHER, LISA**
STREET ADDRESS **7507 WILLOW COURT**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **Jacquelyn Hodges**
1.3 STREET ADDRESS **P.O. Box 9593 N/A**
1.4 CITY-ST-ZIP **Tampa, FL 33674**

TITLE **PD** ☐ DELETE
NAME **BURR, CHRIS**
STREET ADDRESS **4606 EUCLIO AVE**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **BARRY, MAUREEN**
STREET ADDRESS **1515 S HOWARD AVE, #203**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **WIRGES, FRANK**
STREET ADDRESS **4601 FAIRWAY DR**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **9D** ☐ DELETE
NAME **ELLIS, HENRY**
STREET ADDRESS **6024 HANLEY RD**
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME **Henry Ellis**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Lisa Fisher **NATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97
Date

813-979-1919
Daytime Phone # 0048025

CR2E037 (9/96)