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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/08/1985
4. FEI Number 59-2607721
Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 Charles C. Allbrecht
82 Street Address (P.O. Box Number is Not Acceptable) 9481 Highland Oak Drive #1603
83
84 City Tampa
85 Zip Code FL 33647

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 *Charles C. Allbrecht* **Executive Director** **1/10/98**
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 ED	<input checked="" type="checkbox"/> DELETE
NAME FISHER, LISA	
STREET ADDRESS 7507 WILLOW COURT	
CITY-ST-ZIP TAMPA FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME BURR, CHRIS	
STREET ADDRESS 4806 EUCLIO AVE	
CITY-ST-ZIP TAMPA FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME JACQUELYN HODGES	
STREET ADDRESS P.O. BOX 9593 N/A	
CITY-ST-ZIP TAMPA FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME WIRGES, FRANK	
STREET ADDRESS 4801 FAIRWAY DR	
CITY-ST-ZIP TAMPA FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME HENRY ELLIS	
STREET ADDRESS 6024 HANLEY RD	
CITY-ST-ZIP TAMPA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Charles C. Allbrecht	
1.3 STREET ADDRESS 9481 Highland Oak Drive #1603	
1.4 CITY-ST-ZIP Tampa, Florida 33647	
2.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Henry Ellis	
2.3 STREET ADDRESS 6024 Hanley Road	
2.4 CITY-ST-ZIP Tampa, Florida 33634	
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 Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Nancy Serrano	
4.3 STREET ADDRESS 3800 Barcelona St.	
4.4 CITY-ST-ZIP Tampa, Florida 33629	
5.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Vicki Kenyon	
5.3 STREET ADDRESS 5002 W. Knight Griffin Road	
5.4 CITY-ST-ZIP Plant City, Florida 33565	
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.

CR2E037 (1097)