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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

* 372794 - 90043 - 19 *

DOCUMENT # N10607

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 7402 NORTH 56th STREET	26 7402 NORTH 56th STREET	08/08/1985
Suite, Apt. #, etc. 22 BUILDING 200	Suite, Apt. #, etc. 27 BUILDING 200	4. FEI Number 59-2607721 ☐ Applied For ☐ Not Applicable
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 33617-7794 25 USA	Zip / Country 29 33617-7794 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALBRECHT, CHARLES C 9481 HIGHALAND OAK DR 1603 TAMPA FL 33647	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 [signature] CHARLES C. ALBRECHT 3/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ALBRECHT, CHARLES C		1.2 NAME		
STREET ADDRESS	9481 HIGHLAND OAK DR, #1603		1.3 STREET ADDRESS	14316 Winding Creek	
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY-ST-ZIP	Tampa, FL 33613	
TITLE	VP – D	☐ DELETE	2.1 TITLE	President – D	☒ Change ☐ Addition
NAME	KENYON, VICKI		2.2 NAME		
STREET ADDRESS	5002 W KNIGHT GRIFFIN RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33565		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	Secretary – D	☐ Change ☒ Addition
NAME	JACQUELYN HODGES		3.2 NAME	Dede Craig	
STREET ADDRESS	P.O. BOX 9593 N/A		3.3 STREET ADDRESS	5109 San Jose St.	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33629	
TITLE	T – D	☐ DELETE	4.1 TITLE	Vice President – D	☒ Change ☐ Addition
NAME	SARRENO, NANCY		4.2 NAME		
STREET ADDRESS	3806 BARCALONA ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	HENRY ELLIS		5.2 NAME	Diane Hinckley	
STREET ADDRESS	6024 HANLEY RD		5.3 STREET ADDRESS	625 66th Avenue South	
CITY-ST-ZIP	TAMPA FL 33634		5.4 CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 - (11/98).

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 all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 3/15/99 (813) 914-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES C. ALBRECHT, EXECUTIVE DIRECTOR