2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N10607

Entity Name: TAMPA AIDS NETWORK, INC.

Current Principal Place of Business:

7402 N 56TH ST
SUITE 101
TAMPA, FL 336177796

New Principal Place of Business:

7402 N 56TH ST
BLDG. 100
TAMPA, FL 336177796

Current Mailing Address:

P.O. BOX 1062
TAMPA, FL 33601

New Mailing Address:

7402 N 56TH STREET
BLDG. 100
TAMPA, FL 33617

FEI Number: 59-2607721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BERNSTEIN, MICHAEL A
14041 ICOT BLVD.
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CH	( ) Delete
Name:	MENSH, MYRON J	
Address:	9877 SAGO POINT DRIVE	
City-St-Zip:	LARGO, FL 33777	
Title:	V-CH	( ) Delete
Name:	SINGH, G'HAN R DR.	
Address:	17710 ESPIRIT DRIVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	S/T	( ) Delete
Name:	HILL, DESIREE	
Address:	1016 BALAYE VISTA CIRCLE #101	
City-St-Zip:	TAMPA, FL 33619	
Title:	D	( ) Delete
Name:	MANUEL, DALLAS I II	
Address:	4907 BARTLETT DRIVE	
City-St-Zip:	TAMPA, FL 33603	
Title:	D	( ) Delete
Name:	CHUKU, JUSTICE	
Address:	13008 VILLAGE CHASE CIRCLE	
City-St-Zip:	TAMPA, FL 33624	
Title:	D	( ) Delete
Name:	WILLIAMS, EARNEST	
Address:	2517 MADRID WAY SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33712	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRON MENSH CH 04/27/2004
Electronic Signature of Signing Officer or Director — Date