


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90042 041 ****70.00

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # N10607 1. Entity Name TAMPA AIDS NETWORK, INC. | | | |  | |
| Principal Place of Business 7402 N 56TH ST BLDG. 100 TAMPA, FL 33617-7796 | | | Mailing Address 7402 N 56TH STREET BLDG. 100 TAMPA, FL 33617 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01182005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 59-2607721 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BERNSTEIN, MICHAEL A 14041 ICOT BLVD. CLEARWATER, FL 33760 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CH MENSCH, MYRON J 9877 SAGO POINT DRIVE LARGO, FL 33777 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V-CH SINGH, G'HAN R DR. 17710 ESPIRIT DRIVE TAMPA, FL 33647 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T HILL, DESIREE 1016 BALAYE VISTA CIRCLE #101 TAMPA, FL 33619 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANUEL, DALLAS III 4907 BARTLETT DRIVE TAMPA, FL 33603 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHUKU, JUSTICE 13008 VILLAGE CHASE CIRCLE TAMPA, FL 33624 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, EARNEST 2517 MADRID WAY SOUTH ST. PETERSBURG, FL 33712 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div> | | | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> Date 1/18/05 Daytime Phone # (727) 538-7150 </div> </div> | | | | | |

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