

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90239 020 ****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**

40033001



03202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2607721

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH MENSCH, MYRON J 9877 SAGO POINT DRIVE LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-CH SINGH, G'HAN R DR. 17710 ESPIRIT DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HILL, DESIREE 1016 BALAYE VISTA CIRCLE #101 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANUEL, DALLAS I II 4907 BARTLETT DRIVE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUKU, JUSTICE 13008 VILLAGE CHASE CIRCLE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, EARNEST 2517 MADRID WAY SOUTH ST. PETERSBURG, FL 33712

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/06 (727) 538-7150