


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N10607 1. Entity Name TAMPA AIDS NETWORK, INC.	
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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
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03282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2607721	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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, 2007**

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

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05/10/07-80048-014 70.00

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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 #

MICHAEL BERNSTEIN

4/23/07

(727) 479-1800