2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N10607

Entity Name: TAMPA AIDS NETWORK, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

13542 NORTH FLORIDA AVE.
SUITE 111
TAMPA, FL 33613

Current Mailing Address:

14041 ICOT BLVD
CLEARWATER, FL 33760

New Mailing Address:

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:	ABELSON, DAVID	
Address:	4114 WOODLANDS PARKWAY	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	D	( ) Delete
Name:	HALL, LOIS	
Address:	4200 N. ARMENIA AVE., #3	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	ROBERTSON, DIANA	
Address:	14041 ICOT BLVD.	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	D	( ) Delete
Name:	MANUEL, DALLAS I II	
Address:	4907 BARTLETT DRIVE	
City-St-Zip:	TAMPA, FL 33603	
Title:	D	( ) Delete
Name:	KOHL, DANIELLE	
Address:	14041 ICOT BLVD.	
City-St-Zip:	CLEARWATER, FL 33760	
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:	D	(X) Change ( ) Addition
Name:	DUBUC, PAULA	
Address:	14041 ICOT BLVD.	
City-St-Zip:	CLEARWATER, FL 33760	
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 exemption stated 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 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: DAVID ABELSON D 03/31/2009
Electronic Signature of Signing Officer or Director — Date