

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008918

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** WORLD AIDS MUSEUM INCORPORATED

**Current Principal Place of Business:**

616 NE 15TH ST  
APT #4  
FT LAUDERDALE, FL 33304 FL

**New Principal Place of Business:**

**Current Mailing Address:**

616 NE 15TH ST  
APT #4  
FT LAUDERDALE, FL 33304 FL

**New Mailing Address:**

**FEI Number:** 45-3419591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAGON, STEVEN  
616 NE 15TH ST  
APT #4  
FT LAUDERDALE, FL 33304 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:** DIR  
**Name:** STAGON, STEVEN  
**Address:** 616 NE 15TH ST APT #4  
**City-St-Zip:** FT LAUDERDALE, FL 33304 US

**Title:** DIR  
**Name:** DOWNS, JOHN  
**Address:** 6616 N CHARLES ST  
**City-St-Zip:** BALTIMORE, MD 21204 US

**Title:** DIR  
**Name:** RAMOS, JOHN  
**Address:** 315 NE 3 AVE UNIT 2108  
**City-St-Zip:** FT LAUDERDALE, FL 33301 US

I hereby 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 all other like empowered.

**SIGNATURE:** STEVEN C. STAGON

DIR

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date