SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15356 (1)

1. Corporation Name
NORTH CENTRAL FLORIDA AIDS NETWORK, INC.

Principal Place of Business	Mailing Address
1204 NW 13TH ST. STE 19 GAINESVILLE FL 32601 US	1204 NW 13TH ST. STE 19 GAINESVILLE FL 32601 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1986
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2849338 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1204 NW 13TH ST.	26 PO BOX 5755
Suite, Apt. #, etc. 22 STE. 400	Suite, Apt. #, etc. 27 —
City & State 23 GAINESVILLE, FL	City & State 28 GAINESVILLE, FL
Zip 24 32601 Country 25 US	Zip 29 32601 Country 30 US

9. Name and Address of Current Registered Agent

AVERSA, SHERRI
3838 SW 2ND AVE
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

61 Name: MELANIE GASPER
62 Street Address (P.O. Box Number is Not Acceptable): 1204 NW 13TH ST
63 STE. 400
64 City: GAINESVILLE 65 FL Zip Code: 32601

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: Melanie Gasper Melanie Gasper, Executive Director, June 9, 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO 12. OFFICERS AND DIRECTORS		
TITLE	D	11 TITLE	PRESIDENT D	☑ Change ☐ Addition
NAME	MERRIAM, WILLIAM	12 NAME	DR. MARC GALE	
STREET ADDRESS	3504 N.W. 27TH TERRACE	13 STREET ADDRESS	4519 SHERWOOD TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	SD	21 TITLE	VICE-PRESIDENT D	☑ Change ☐ Addition
NAME	LAWYER, GORDON	22 NAME	DANNY BILLIG	
STREET ADDRESS	P.O. BOX 100356	23 STREET ADDRESS	RR 4 BOX 448-C N/A	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	HAWTHORNE, FL 32640	
TITLE	VD	31 TITLE	TREASURER D	☑ Change ☐ Addition
NAME	TAMIR, ELLIS	32 NAME	RONALD D JOOS	
STREET ADDRESS	6112 NW 24TH LANE	33 STREET ADDRESS	3928 NW 31st TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	PD	41 TITLE	SECRETARY D	☑ Change ☐ Addition
NAME	SCHAFFER, GEORGE	42 NAME	GORDON LAWYER, JR.	
STREET ADDRESS	2501 NW 38TH DRIVE	43 STREET ADDRESS	3518 SW 172nd TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	ARCHER, FL 32618	
TITLE	TD	51 TITLE	MEMBER AT LARGE T	☑ Change ☐ Addition
NAME	CARR, STEVE	52 NAME	JANET CHRISTIE	
STREET ADDRESS	1114 NW 6TH STREET	53 STREET ADDRESS	PO BOX 100337 N/A	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	GAINESVILLE, FL 32610	
TITLE	D	61 TITLE	none	☑ Change ☐ Addition
NAME	CHRISTIE, JANET L.	62 NAME		
STREET ADDRESS	P.O. BOX 100337	63 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald D. Joos RONALD D. JOOS, TREAS. 6/9/95 904-373-8466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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