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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N15356** (1)

1. Corporation Name

NORTH CENTRAL FLORIDA AIDS NETWORK, INC.



Principal Place of Business

Mailing Address

**1204 NW 13TH STREET
SUITE 400
GAINESVILLE FL 32601
US**

**P. O. BOX 5755
GAINESVILLE FL 32601
US**

3. Date Incorporated or Qualified

06/12/1986

3a. Date of Last Report

07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 3615 SW 13TH STREET

26 PO Box 5755

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 3

27 Gaines

City & State

City & State

23 GAINESVILLE, FL

28 Gainesville, FL

Zip

Country

Zip

Country

24 32608

25 USA

29 32602

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Melanie
GASPER, MELANIE
1204 NW 13TH STREET
SUITE 400
GAINESVILLE FL 32601**

81 Name

Gasper, Melanie

82 Street Address (P.O. Box Number is Not Acceptable)

3615 SW 13TH Street

83

Suite 3

84

Gainesville

FL

85

**Zip Code
32608**

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, Executive Director, Melanie Gasper

April 30, 96

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME
GALE, MARC DR.
STREET ADDRESS
4519 SHERWOOD TRACE
CITY - ST - ZIP
GAINESVILLE FL**

TITLE ☒ DELETE

**V
NAME
BILLIG, DANNY
STREET ADDRESS
12124 BOX 448C
CITY - ST - ZIP
HAWTHORNE FL**

TITLE ☐ DELETE

**T
NAME
JOOS, RONALD D
STREET ADDRESS
3928 NW 31ST TERRACE
CITY - ST - ZIP
GAINESVILLE FL**

TITLE ☒ DELETE

**SD
NAME
LAWYER, GORDON JR
STREET ADDRESS
3518 SW 172ND TERRACE
CITY - ST - ZIP
GAINESVILLE FL**

TITLE ☒ DELETE

**D
NAME
CHRISTIE, JANET
STREET ADDRESS
P. O. BOX 100337
CITY - ST - ZIP
GAINESVILLE FL**

TITLE ☒ DELETE

**D
NAME
CHRISTIE, JANET L.
STREET ADDRESS
P.O. BOX 100337
CITY - ST - ZIP
GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

**V
NAME
LAWYER, GORDON
STREET ADDRESS
3518 SW 172ND TERRACE
CITY - ST - ZIP
GAINESVILLE FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

**5
NAME
Christie, Janet
STREET ADDRESS
P.O. Box 100337
CITY - ST - ZIP
Gainesville, FL 32610**

5.1 TITLE ☐ Change ☐ Addition

**6
NAME
Eberington, David P.A.
STREET ADDRESS
1212 NE 4TH Street
CITY - ST - ZIP
Gainesville, FL 32601**

6.1 TITLE ☐ Change ☐ Addition

**7
NAME
Pritschke, Martin
STREET ADDRESS
3749 W. University Ave.
CITY - ST - ZIP
Gainesville, FL 32607**

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 48 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

DATE

352-373-8446

DAYTIME PHONE #

CR2E037 (12/95)