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Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15356** (1)
1. Corporation Name
NORTH CENTRAL FLORIDA AIDS NETWORK, INC.



Principal Place of Business 3615 SW 13TH ST SUITE 3 GAINESVILLE FL 32608 US		Mailing Address P. O. BOX 5755 GAINESVILLE FL 32602-5755 US	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/12/1986	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2849338	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent GASPER, MELANIE 3615 SW 13TH STREET SUITE 3 GAINESVILLE FL 32608		10. Name and Address of New Registered Agent 81 Name Joseph F. Antonelli 82 Street Address (P.O. Box Number is Not Acceptable) 3615 SW 13th Street 83 Suite 3 84 City 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 *Joseph F. Antonelli* **JOSEPH F. ANTONELLI** **4/8/97**
Signature of, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
Executive Director

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	1.1 TITLE P	TITLE P	1.1 TITLE P
NAME GALE, MARC DR.	1.2 NAME Paul Kuritsky	NAME Mark Stuart	1.2 NAME Mark Stuart
STREET ADDRESS 4519 SHERWOOD TRACE	1.3 STREET ADDRESS 1330 NW 55th Terrace	STREET ADDRESS 2631 NW 48th Place	1.3 STREET ADDRESS 2631 NW 48th Place
CITY-ST-ZIP GAINESVILLE FL	1.4 CITY-ST-ZIP Gainesville, FL 32605	CITY-ST-ZIP Gainesville, FL 32605	1.4 CITY-ST-ZIP Gainesville, FL 32605
TITLE V	2.1 TITLE V	TITLE T	2.1 TITLE T
NAME LAWYER, GORDON	2.2 NAME Mark Stuart	NAME N. Franklin Walters, CPA	2.2 NAME N. Franklin Walters, CPA
STREET ADDRESS 3518 SW 172ND TERRACE	2.3 STREET ADDRESS 2631 NW 48th Place	STREET ADDRESS 2630 NW 41st Street	2.3 STREET ADDRESS 2630 NW 41st Street
CITY-ST-ZIP GAINESVILLE FL	2.4 CITY-ST-ZIP Gainesville, FL 32605	CITY-ST-ZIP Gainesville, FL 32606	2.4 CITY-ST-ZIP Gainesville, FL 32606
TITLE T	3.1 TITLE T	TITLE S	3.1 TITLE S
NAME JOOS, RONALD D	3.2 NAME N. Franklin Walters, CPA	NAME Algesia Vazquez-Pagano, Esq.	3.2 NAME Algesia Vazquez-Pagano, Esq.
STREET ADDRESS 3928 NW 31ST TERRACE	3.3 STREET ADDRESS 2630 NW 41st Street	STREET ADDRESS 111 SW 1st St.	3.3 STREET ADDRESS 111 SW 1st St.
CITY-ST-ZIP GAINESVILLE FL	3.4 CITY-ST-ZIP Gainesville, FL 32606	CITY-ST-ZIP Gainesville, FL 32601	3.4 CITY-ST-ZIP Gainesville, FL 32601
TITLE S	4.1 TITLE S	TITLE D	4.1 TITLE D
NAME CHRISTIE, JANET	4.2 NAME Algesia Vazquez-Pagano, Esq.	NAME Gwendolyn Love	4.2 NAME Gwendolyn Love
STREET ADDRESS P. O. BOX 100337	4.3 STREET ADDRESS 111 SW 1st St.	STREET ADDRESS 1300 NW 6th St.	4.3 STREET ADDRESS 1300 NW 6th St.
CITY-ST-ZIP GAINESVILLE FL	4.4 CITY-ST-ZIP Gainesville, FL 32601	CITY-ST-ZIP Gainesville, FL 32601	4.4 CITY-ST-ZIP Gainesville, FL 32601
TITLE D	5.1 TITLE D	TITLE D	5.1 TITLE D
NAME ETHERINGTON, DAVID P	5.2 NAME Gwendolyn Love	NAME Eltha Leana Amaye-Obu, LPN	5.2 NAME Eltha Leana Amaye-Obu, LPN
STREET ADDRESS 1212 NE 4TH ST	5.3 STREET ADDRESS 1300 NW 6th St.	STREET ADDRESS 1960 NW 31st Ave.	5.3 STREET ADDRESS 1960 NW 31st Ave.
CITY-ST-ZIP GAINESVILLE FL	5.4 CITY-ST-ZIP Gainesville, FL 32601	CITY-ST-ZIP Gainesville, FL 32605	5.4 CITY-ST-ZIP Gainesville, FL 32605
TITLE D	6.1 TITLE D	TITLE D	6.1 TITLE D
NAME FRITSCHLE, MARTIN	6.2 NAME Eltha Leana Amaye-Obu, LPN	NAME Eltha Leana Amaye-Obu, LPN	6.2 NAME Eltha Leana Amaye-Obu, LPN
STREET ADDRESS 3749 W. UNIVERSITY AVE	6.3 STREET ADDRESS 1960 NW 31st Ave.	STREET ADDRESS 1960 NW 31st Ave.	6.3 STREET ADDRESS 1960 NW 31st Ave.
CITY-ST-ZIP GAINESVILLE FL	6.4 CITY-ST-ZIP Gainesville, FL 32605	CITY-ST-ZIP Gainesville, FL 32605	6.4 CITY-ST-ZIP Gainesville, FL 32605

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

North Central Florida Aids Network, Inc.
Board of Directors
Updated: June 16, 1997

Executive Committee

President

Paul Kuritzky
Network Volunteer
1330 NW 55th Terrace
Gainesville, FL 32605
home: (352) 336-3399

Vice President

Mark Stuart
Network Volunteer
2631 NW 48th Place
Gainesville, FL 32605
home: (352) 336-1780

Treasurer

N. Franklin Walters, CPA
2630 NW 41st St.
Gainesville, FL 32606
home: (352) 372-1040
fax: (352) 372-0016

Secretary

Algeisa M. Vazquez-Pagano, Esq.
Three Rivers Legal Services
111 SW 1st St
Gainesville, FL 32601
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work: (352) 372-0519
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Member-at-Large

Gwendolyn Love
Corner Drug Store, Inc.
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General Members

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**General Members,
con't.**

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