FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N15356

1. Corporation Name

NORTH CENTRAL FLORIDA AIDS NETWORK, INC.

Principal Place of Busines
3615 SW 13TH ST
SUITE 3
GAINESVILE FL 32608
US

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

P. O. BOX 5755 GAINESVILE FL 32001

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED Mar 26, 1999 8:00 am § Secretary of State

03-26-1999 90030 031 ****70.00



Applied For

Not Applicable

3. Date incorporated or Qualifed

06/12/1986

59-2849338

FEI Number

22		2	7						59-284933	8		Not	Applicable	
City & State			City & State					- 0 00 1 00		18(\$8.75 A	dditional		
23			28						5. Certifcate of S	tatus Desired	25.	Fee Rec	uired	
Zip		Zip Country					6. Election Camp	aign Financing		\$5.00	May Be			
24	Country Zip Country 29 33637 30						Trust Fund Contribution					Added to		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							
						81	Name							
ANTONELLI, JOSEPH F						82	Street Address (P.O. Box Number is Not Acceptable)							
3615 SW 13TH STREET						02	Silber Address (F.O. Box Number is Not Acceptable)							
SUITE 3						83								
GAINESVILLE FL 32608												lee l Zin C		
GAINESVILLE PL 32000							84 City FL 85 Zip Code							
11 Durewant	to the provisions	of Sections 617.0502 and	1 617, 1508.	Florida Statu	tes, the at	oove-	named o	corpora	tion submits this s	tatement for the	nurnose of	changing its	registered	
office or re	anietored agent ic	or both, in the State of Fig	orida Such d	rhange was a	authonzed	DV [ne corpo	oration's	board of director	s. I hereby acce	ept the appoi	ntment as reg	istered	
agent. I a	m tamiliar with, ar	nd accept the obligations	or, Section (017.0303, FK	onua siaii	1163.							}	
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
12.	OFFICERS AND DIRECTORS 13								ADDITIONS/CI	ANGES TO O	FICERS AN	D DIRECTOR	RS IN 12	
TITLE	P		[DELETE	1.1 TIT	LE		Dik	ector			Change	☐ Addition	
NAME						1.2 NAME								
STREET ADDRESS	ADDO AND SETTI TERRACE					1.3 STREET ADDRESS								
CITY-ST-ZIP	GAINESVILLE FL					1.4 CITY-ST-ZIP								
TITLE	V		[DELETE	2.1 717	LE		Sec	retary			Change	☐ Addition	
NAME	STUART, MARK			2.2 NA	2.2 NAME			,						
STREET ADDRESS	2631 NW 48TH PLACE				2.3 ST	3 STREET ADDRESS								
CITY-ST-ZIP						CITY-ST-ZIP								
TITLE	T DELETE					3.1 TITLE						Change	☐ Addition	
NAME	WALTERS, N F CPA					2 NAME						ļ		
STREET ADDRESS						3.3 STREET ADDRESS								
CITY-ST-ZIP						TY-ST	-ZIP							
TITLE	S DELETE				4.1 111	4.1 TITLE			rector			Change	☐ Addition	
NAME		VAZQUEZ-PAGANO, ALGESIA E				2 NAME							İ	
STREET ADDRESS	111 SW 1ST				4.3 ST	REET	ADDRESS							
CITY-ST-ZIP	GAINESVILLE				4,4 CT	ry-ST	ZIP							
TITLE	D			☐ DELETE	5.1 Π	ILE						☐ Change	Addition	
NAME	LOVE, GWEN	DOLYN			5.2 NA	ME							}	
STREET ADDRESS	1300 NW 6TH				5.3 \$1	REET	ADDRESS						ļ	
CITY-ST-ZIP	GAINESVILLE				5.4 CF	TY-ST	ZIP							
TITLE	D			DELETE	6.1 गा	ī.E						Change	Addition	
NAME	1 -	ELTHA L LPN			6.2 NA	ME								
STREET ADDRESS	1960 NW 319				6.3 ST	REET.	ADDRESS							
CITY-ST-ZIP	GAINESVILLE				6.4 CF	TY-ST	ZNP			-				
OHT-SI-ZIF		Al and the Australian Alexander	- Elian dasa	not qualify fo	ar the ave	na naid	n ototod	in Soc	tion 119 07/3\/i\	Elorido Statutos	I further cou	tify that the in	formation	

I hereby certify that the information supplied with this filing does not qua indicated on this annual report or supplied entry annual report is true and exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an ute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, og or

SIGNATURE:

N 15354 24554890030 31

NORTH CENTRAL FLORIDA AIDS NETWORK

P. O. Box 5755 Gainesville, FL 32627

1999 ANNUAL REPORT OFFICERS AND DIRECTORS **ADDITIONS**

President

P. Gregory Strohm

13232 SW 2 Place

Tioga, FL 32669

Vice-President

Richard Pla

800 NW 36 Avenue

Gainesville, FL 32609

Director

Richard Babb

2814-D NW 104 Court

Gainesville, FL 32606

Director

Tom Berwanger

3615 NW 13 Street

Gainesville, FL 32608

Director

· Edith Bruce

3906 NW 21 Street

Gainesville, FL 32605

Director

Mary J. Evrard

734 NE 2 Street

Gainesville, FL 32601

Director

Ricky Ezzell

18151 NE Highway 27-A

Williston, FL 32696

Director

Greg Johnson

5437 NW 46 Place

Gainesville, FL 32653

Director

Steven Womeldurf

321 NW 19 Lane #D

Gainesville, FL 32601