

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N16074** (9)

1. Corporation Name

CENTRAL FLORIDA AIDS UNIFIED RESOURCES, INC.

APPROVED
AND
FILED

95 APR -6 AM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
741 W COLONIAL DR ORLANDO FL 32804 US		P O BOX 3725 ORLANDO FL 32802 US		3. Date Incorporated or Qualified 07/28/1986	3a. Date of Last Report 02/09/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2703003	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Zip		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
24. Country		29. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TUCCI, DEBRA J 741 W COLONIAL DR ORLANDO FL 32804				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Debra J. Tucci* March 30, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	XX	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDI CATHERINE IX	1.2 NAME	Cheryl L. Hunt
STREET ADDRESS	2106 EAST SOUTH XX	1.3 STREET ADDRESS	17 S. Osceola Avenue, Suite 150
CITY - ST - ZIP	ORLANDO FL 32803 XXX	1.4 CITY - ST - ZIP	Orlando, FL
TITLE	XX	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELA XXXX	2.2 NAME	James L. Lockler
STREET ADDRESS	4285 S ORANGE XVE	2.3 STREET ADDRESS	511 Savona Court
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	Altamonte Springs, FL 32701
TITLE	XX	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERYL	3.2 NAME	Douglas E. Enderle
STREET ADDRESS	17 S OSCEOLA AVE XXXX	3.3 STREET ADDRESS	6828 Knightswood Drive
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	Orlando, FL 32818
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, BILL	4.2 NAME	
STREET ADDRESS	1565 NOTTINGHAM DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	4.4 CITY - ST - ZIP	
TITLE	EXD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCCI, DEBRA J	5.2 NAME	
STREET ADDRESS	188 SHERIDAN AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32750	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, JAMES	6.2 NAME	
STREET ADDRESS	5257 BROOK COURT	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32811	6.4 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)(b), 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: *Douglas E. Enderle* March 30, 1995 (407) 560-5516
Signature and typed or printed name of signing officer or director Date Signature Phone #