

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N16074 (9)
 1. Corporation Name
CENTRAL FLORIDA AIDS UNIFIED RESOURCES, INC.



Principal Place of Business 741 W COLONIAL DR ORLANDO FL 32804 US		Mailing Address P O BOX 3725 ORLANDO FL 32802 US		3. Date Incorporated or Qualified 07/28/1986	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2703003	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
City & State 23		City & State 28		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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent TUCCI, DEBRA J 741 W COLONIAL DR ORLANDO FL 32804				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XX Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 I accept the obligations of, Section 617.0506, Florida Statutes.

SIGNATURE *Debra J. Tucci* **2/23/98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LOCKLER, JAMES L 411 REDCOAT LANE ORLANDO FL 32825	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD KIRKHAM, RICHARD 715 LIGHTHOUSE COURT ALTAMONTE SPRGS FL	2.1 TITLE	VD
NAME		2.2 NAME	Bobby Palmer, Jr.
STREET ADDRESS		2.3 STREET ADDRESS	2909 Westchester Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	SD ENDERLE, DOUGLAS E. 6828 KNIGHTSWOOD DR. ORLANDO FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD PERKINS JR, WILLIAM J 1565 NOTTINGHAM DR WINTER PARK FL	4.1 TITLE	TD
NAME		4.2 NAME	William Hutchinson, Jr.
STREET ADDRESS		4.3 STREET ADDRESS	1820 Sweetwater West Cr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Apopka, FL 32712
TITLE	EXD TUCCI, DEBRA J 186 SHERIDAN AVE. LONGWOOD FL 32750	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PALMER, BOBBY G 1300 MORRIS AVENUE ORLANDO FL 32803	6.1 TITLE	D
NAME		6.2 NAME	Marlene C. Maxwell
STREET ADDRESS		6.3 STREET ADDRESS	415 Dail Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, FL 32822

14. I 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, upon an attachment with an address.

SIGNATURE: *Debra J. Tucci* **Debra J. Tucci** **2/23/98** **407-849-1452**

CR25037 (10/97)