

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am
Secretary of State

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

DOCUMENT # N18994 (6)

1. Corporation Name

AIDS EDUCATION GUIDANCE INFORMATION AND SUPPORT
GROUP OF BREVARD (AEGIS/BREVARD), INC.

Principal Place of Business

Mailing Address

3817 SO. E. 122ND TERRACE
GAINESVILLE FL 32641

P.O. BOX 549
HAWTHORN FL 32640



3. Date Incorporated or Qualified
01/01/1987

4. FEI Number
59-2879267

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 06 Johnson
Suite, Apt. #, etc.

26 P.O. Box 549
Suite, Apt. #, etc.

22

27

City & State

City & State

23 HAWTHORNE FL
Zip 32640 Country

28 HAWTHORNE, FL
Zip 32640 Country ALACHUA

24

29

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners' association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNOWDEN, LOIS
3817 SO E. 122ND TERRACE
GAINESVILLE FL 32641

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SNOWDEN, LOIS	
STREET ADDRESS	3817 SE 122ND TERR	
CITY-ST-ZIP	GAINESVILLE FL 32601	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLEEN, JAMES	
STREET ADDRESS	1709 NORTH RIDGE	
CITY-ST-ZIP	ORANGE TX	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SNOWDEN, GEORGE	
STREET ADDRESS	3817 SO E. 122ND TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32641	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAKICIA J. BRANAGAN	
STREET ADDRESS	P.O. Box 549 2102 NIA	
CITY-ST-ZIP	HAWTHORNE FL 32640	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME	Min J. B...	
STREET ADDRESS	125 Hidden Lake Trail	
CITY-ST-ZIP	Hawthorne FL 32640	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

17 Feb 98 800 232 2606

CR2E037 (10/97)