

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N25994** (7)

1. Corporation Name
AIDS-MANASOTA, INC.



Principal Place of Business: **2080 RINGLING BLVD., SUITE #302 SARASOTA FL 34237**
Mailing Address: **2080 RINGLING BLVD., SUITE #302 SARASOTA FL 34237**

3. Date Incorporated or Qualified: **04/20/1988**
3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0044473**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DOMBER, HARLAN R. ESQ.
2801 FRUITVILLE ROAD
SUITE 150
SARASOTA FL 34237**

10. Name and Address of New Registered Agent
81 Name: **DEBORAH WESTMORELAND, ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable): **1111 9th AVE SUITE C**
83
84 City: **BRADENTON** FL 85 Zip Code: **34205**

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: *Deborah Westmoreland* **DEBORAH WESTMORELAND** 4/3/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUNTINGTON, RICHARD E.	
STREET ADDRESS	1300 N. LOCKWOOD RIDGE ROAD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WOODRUM, MICHAEL	
STREET ADDRESS	4815 SARASOTA AVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CARMEL, NORMAN	
STREET ADDRESS	2265 SUNNYSIDE LANE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOOPER, II E	
STREET ADDRESS	3904 MAVERICK AVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, RANDALL	
STREET ADDRESS	6327 MANATEE AVE W	
CITY - ST - ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DODD, THOMAS	
STREET ADDRESS	5003 34TH STREET WEST	
CITY - ST - ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDWIN D. HOOPER II	
1.3 STREET ADDRESS	3904 MAVERICK AVE	
1.4 CITY - ST - ZIP	SARASOTA, FL	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WESLEY PITS	
2.3 STREET ADDRESS	2595 VALENCIA DR	
2.4 CITY - ST - ZIP	VENICE, FL	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JEFFREY HEINEMAN	
3.3 STREET ADDRESS	9218 WOOD MEADOWS LOOP	
3.4 CITY - ST - ZIP	BRADENTON, FL	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM BARTLET	
4.3 STREET ADDRESS	2057 CASS ST	
4.4 CITY - ST - ZIP	SARASOTA, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VICKI URBAN	
5.3 STREET ADDRESS	3409 BEEKMAN PL	
5.4 CITY - ST - ZIP	SARASOTA, FL	
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 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)(k), 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: *Edwin D. Hooper II* **EDWIN D. HOOPER II** 4/10/96 941-954-6011
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)