

# 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

Mailing Address

**2080 RINGLING BLVD., SUITE #302  
SARASOTA FL 34237**

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SARASOTA FL 34237**

3. Date Incorporated or Qualified  
**04/20/1988**

3a. Date of Last Report  
**02/15/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**65-0044473**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$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

10. Name and Address of New Registered Agent

**DOMBER, HARLAN R. ESQ.  
2801 FRUITVILLE ROAD  
SUITE 150  
SARASOTA FL 34237**

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** ☒ DELETE  
NAME **HUNTINGTON, RICHARD E.**  
STREET ADDRESS **1300 N. LOCKWOOD RIDGE ROAD**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **VPD** ☒ DELETE  
NAME **WOODRUM, MICHAEL**  
STREET ADDRESS **4815 SARASOTA AVE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☒ DELETE  
NAME **CARMEL, NORMAN**  
STREET ADDRESS **2265 SUNNYSIDE LANE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☒ DELETE  
NAME **HOOPER, II E**  
STREET ADDRESS **3904 MAVERICK AVE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE  
NAME **COLEMAN, RANDALL**  
STREET ADDRESS **6327 MANATEE AVE W**  
CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ 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** ☒ Change ☐ 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** ☒ Change ☐ Addition  
2.2 NAME **WESLEY PITTS**  
2.3 STREET ADDRESS **2595 VALENCIA DR**  
2.4 CITY-ST-ZIP **VENICE, FL**

3.1 TITLE **T** ☒ Change ☐ 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** ☒ Change ☐ Addition  
4.2 NAME **WILLIAM BARTLET**  
4.3 STREET ADDRESS **2057 CASS ST**  
4.4 CITY-ST-ZIP **SARASOTA, FL**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **VICKI URBAN**  
5.3 STREET ADDRESS **3409 BEEKMAN PL**  
5.4 CITY-ST-ZIP **SARASOTA, FL**

6.1 TITLE ☐ Change ☐ 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/96 941-954-6011**

Date

Daytime Phone #

CR2E037 (12/95)