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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34237-7030
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3. Date Incorporated or Qualified 04/20/1988	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0044473	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEBORAH WESTMORELAND ESO 1111 9TH AVE SUITE C BRADENTON FL 34205	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWIN D. HOOPER II	1.2 NAME	WESLEY PITTS
STREET ADDRESS	3904 MAVERICK AVE	1.3 STREET ADDRESS	973 SUN RIDGE DR.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL 34234
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLEY PITTS	2.2 NAME	DEBORAH WESTMORELAND
STREET ADDRESS	2595 VALENCIAL DR	2.3 STREET ADDRESS	1111 9TH AVE SUITE C
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY HEINEMAN	3.2 NAME	2102 COUNTRY MEADOWS PLACE
STREET ADDRESS	9218 WOOD MEADOWS LOOP	3.3 STREET ADDRESS	SARASOTA, FL 34235
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPER, II E	4.2 NAME	
STREET ADDRESS	3904 MAVERICK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM BARTLETT	5.2 NAME	
STREET ADDRESS	2057 CASS ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	MANAGING DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICKI URBAN	6.2 NAME	MICHAEL T. SHELDON
STREET ADDRESS	3489 BEEKMAN PL	6.3 STREET ADDRESS	4491 DIAMOND CIRCLE EAST
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	SARASOTA, FL 34433

14. I do 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: *Michael T. Sheldon* **MICHAEL T. SHELDON** 3/26/97 941-954-6011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063265

CFR2E037 (9/96)