


FILE NOW: FILING FEE IS \$61.25

FILED

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	
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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 04/20/1988		3a. Date of Last Report 04/17/1996	
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 ESQ 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	
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			
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	EDWIN D. HOOPER II		
CITY-ST-ZIP	3904 MAVERICK AVE SARASOTA FL		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	WESLEY PITTS		
CITY-ST-ZIP	2595 VALENCIAL DR VENICE FL		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	JEFFREY HEINEMAN		
CITY-ST-ZIP	9218 WOOD MEADOWS LOOP BRADENTON FL		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	SD HOOPER, II E		
CITY-ST-ZIP	3904 MAVERICK AVE SARASOTA FL		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	S WILLIAM BARTLETT		
CITY-ST-ZIP	2057 CASS ST SARASOTA FL		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	D VICKI URBAN		
CITY-ST-ZIP	3489 BEEKMAN PL SARASOTA FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	PRESIDENT		
1.3 STREET ADDRESS	WESLEY PITTS		
1.4 CITY-ST-ZIP	973 SUN RIDGE DR. SARASOTA FL 34234		
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	VICE PRESIDENT		
2.3 STREET ADDRESS	DEBORAH WESTMORELAND		
2.4 CITY-ST-ZIP	1111 9TH AVE SUITE C BRADENTON, FL 34205		
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	2102 COUNTRY MEADOWS PLACE		
3.3 STREET ADDRESS	SARASOTA, FL 34235		
3.4 CITY-ST-ZIP			
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME	DIRECTOR		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
6.2 NAME	MANAGING DIRECTOR		
6.3 STREET ADDRESS	MICHAEL T. SHELTON		
6.4 CITY-ST-ZIP	4491 DIAMOND CIRCLE EAST SARASOTA, FL 34233		
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: <i>Michael T. Shelton</i> MICHAEL T. SHELTON 3/26/97 941-954-6011 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063268			

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