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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N25994**

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/20/1988</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0044473</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**HOOVER, EDWIN  
3904 MAVERICK AVE  
SARASOTA FL 34233**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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]*

(NOTE: Registered Agent signature required when reinstating)

**13 Jan 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President
NAME	HOOVER, II E	1.2 NAME	HOOVER, II E
STREET ADDRESS	3904 MAVERICK AVE	1.3 STREET ADDRESS	3904 MAVERICK AVE.
CITY-ST-ZIP	SARASOTA FL 34233	1.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	S	2.1 TITLE	Secretary
NAME	ARCHER, RANDY	2.2 NAME	David Hendrick
STREET ADDRESS	2039 6TH ST	2.3 STREET ADDRESS	3326 7th St.
CITY-ST-ZIP	SARASOTA FL 34237	2.4 CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D	3.1 TITLE	Vice President
NAME	LEIGHTON, LES	3.2 NAME	Les Leighton
STREET ADDRESS	3221 GRANADA PL STE 135	3.3 STREET ADDRESS	PB Box 20891
CITY-ST-ZIP	SARASOTA FL 34231	3.4 CITY-ST-ZIP	SARASOTA, FL 34276
TITLE	D	4.1 TITLE	Director
NAME	SERGI-LAWS, DEBBIE	4.2 NAME	William Deveraux
STREET ADDRESS	2418 ICE CAPE DR	4.3 STREET ADDRESS	4312 Midland Rd.
CITY-ST-ZIP	SARASOTA FL 34240	4.4 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D	5.1 TITLE	Treasurer
NAME	POST, JEFFREY	5.2 NAME	Steve Fradin
STREET ADDRESS	3326 7TH ST	5.3 STREET ADDRESS	3123 Dick Wilson Dr.
CITY-ST-ZIP	SARASOTA FL 34237	5.4 CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	M	6.1 TITLE	Director
NAME	URBAN, VICTORIA B DR	6.2 NAME	Weylin Carlton
STREET ADDRESS	4581 DEL SOL BLVD S	6.3 STREET ADDRESS	760 Missouri Rd.
CITY-ST-ZIP	SARASOTA FL 34243	6.4 CITY-ST-ZIP	VENICE, FL 33293

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-12-99 (941) 954-6011**  
Date Daytime Phone #

CR2E037 (11/98)