

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N30534** (4)  
1. Corporation Name  
**BAY AREA AIDS CONSORTIUM, INC.**

APPROVED  
AND  
FILED  
95 MAR 15 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**2901 SWANN AVENUE TAMPA FL 33609 US**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/07/1989</b>                                                                                                         | 3a. Date of Last Report<br><b>07/06/1994</b>           |
| 4. FEI Number<br><b>59-2957417</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>                                                                             | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 601(c)(3) Tax Exempt Status<br><input checked="" type="checkbox"/>                                                                       | <b>\$68.75</b> Supplemental Fee Not Required           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

9. Name and Address of Current Registered Agent  
**KETCHAM, MARK  
2901 SWANN AVENUE  
SUITE 107  
TAMPA FL 33609**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                |
|----------------------------|--------------------------------|
| TITLE                      | <b>PD</b>                      |
| NAME                       | <b>NORRIS, DORECE</b>          |
| STREET ADDRESS             | <b>2703 CHAMBRAY</b>           |
| CITY- ST- ZIP              | <b>TAMPA FL</b>                |
| TITLE                      | <b>VD</b>                      |
| NAME                       | <b>BLAIN, RUSSELL</b>          |
| STREET ADDRESS             | <b>3205 FOUNTAIN BLVD</b>      |
| CITY- ST- ZIP              | <b>TAMPA FL</b>                |
| TITLE                      | <b>TD</b>                      |
| NAME                       | <b>LALLY, ED</b>               |
| STREET ADDRESS             | <b>2701 CHAMBRAY LANE</b>      |
| CITY- ST- ZIP              | <b>TAMPA FL</b>                |
| TITLE                      | <b>SD</b>                      |
| NAME                       | <b>PARKER, STEVEN</b>          |
| STREET ADDRESS             | <b>3208 A SAN JUAN ST</b>      |
| CITY- ST- ZIP              | <b>TAMPA FL</b>                |
| TITLE                      | <b>ED</b>                      |
| NAME                       | <b>KETCHAM, MARK</b>           |
| STREET ADDRESS             | <b>2901 SWANN AVENUE, #107</b> |
| CITY- ST- ZIP              | <b>TAMPA FL</b>                |
| TITLE                      |                                |
| NAME                       |                                |
| STREET ADDRESS             |                                |
| CITY- ST- ZIP              |                                |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY- ST- ZIP                                     |                                                                   |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY- ST- ZIP                                     |                                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY- ST- ZIP                                     |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 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 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 110.07(3)(h), 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 17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report.

SIGNATURE: *Mark E. Ketcham* 3/10/95 813-877-5696  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_