

# 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 # N32187 (9)**

1. Corporation Name

**PEOPLE WITH AIDS COALITION OF DADE COUNTY, INC.**

Principal Place of Business

Mailing Address

3890 BISCAYNE BLVD.  
MIAMI FL 33137  
US

3890 BISCAYNE BLVD.  
MIAMI FL 33137  
US



3. Date Incorporated or Qualified  
**05/09/1989**

3a. Date of Last Report  
**03/09/1995**

4. FEI Number  
**65-0203093**

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

**HUTCHISON, CHARLES LAMAR**  
**800 W. AVE.**  
**SUITE 744**  
**MIAMI BEACH FL 33140**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

11. Pursuant to the provisions of Sections 617.0502 and 617.15 or registered agent, or both, in the State of Florida. Such che familiar with, and accept the obligations of, Section 617.0502

**WYSOCKI, DONALD J. (D) ADDITION**  
**1560 N.E. 130th St.**  
**NORTH MIAMI, FL 33161**

**FL 85** Zip Code  
purpose of changing its registered office pointment as registered agent. I am

SIGNATURE

Signature, typed or printed name of registered agent and title if applic

DATE

12. OFFICERS AND DIRECTOR

13. ADDITIONAL OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUTCHISON, CHARLES L	
STREET ADDRESS	800 WEST AVENUE, SUITE 744	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPDT	<input checked="" type="checkbox"/> DELETE
NAME	SHAFOR, STEVE	
STREET ADDRESS	656 NE 125TH ST.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	TRUSSELL, DAVID A	
STREET ADDRESS	458 NW 4TH STREET, #101	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	<del>PD</del> D	<input type="checkbox"/> DELETE
NAME	FIDEL, MATA (MATA IS LAST NAME)	
STREET ADDRESS	301 NW BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELLINGTON, EDNA	
STREET ADDRESS	44 NW 40TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAMSAY, J. D	
STREET ADDRESS	3890 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AGUILAR, HERBERTH	
1.3 STREET ADDRESS	950 BIANRITZ DRIVE, #5	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BALBOA, H. LUKE	
2.3 STREET ADDRESS	455 N.E. 38th St. #12	
2.4 CITY-ST-ZIP	MIAMI, FL 33137	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BIRMINGHAM, DAVID J.	
3.3 STREET ADDRESS	800 WEST AVE., PH 25	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	COLE, CHARLES J.	
4.3 STREET ADDRESS	965 N.E. 88th St.	
4.4 CITY-ST-ZIP	MIAMI, FL 33138	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LILLIS, CHARLES N.	
5.3 STREET ADDRESS	20906 S.W. 103 RD PLACE	
5.4 CITY-ST-ZIP	MIAMI, FL 33189	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RICHARDS, D. CALVIN	
6.3 STREET ADDRESS	700 N.E. 63RD St. # D-205	
6.4 CITY-ST-ZIP	MIAMI, FL 33138	

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:

*David A. Trussell, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 20, 1996* (305) 573-9717  
Date Daytime Phone #

CR2E037 (12/95)