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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32187** (9)

1. Corporation Name

PEOPLE WITH AIDS COALITION OF DADE COUNTY, INC.



Principal Place of Business

Mailing Address

~~286 NE 39TH STREET~~
~~MIAMI FL 33137-3717~~
~~US~~

~~286 NE 39TH STREET~~
~~MIAMI FL 33137-3717~~
~~US~~

3. Date Incorporated or Qualified

05/09/1989

4. FEI Number

65-0203093

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3892 Biscayne Blvd.

26 3892 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip **33137-3731** Country **USA**

Zip **33137-3731** Country **USA**

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TRUSSELL, DAVID A~~
~~450 NW 4TH STREET~~
~~#101~~
~~MIAMI FL 33128~~

81 Name

Miguel M. De La O, Esq.

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

2 S. Biscayne Blvd., Suite 2600

84 City

Miami

FL

85 Zip Code

33131-1804

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIRMINGHAM, DAVID J	
STREET ADDRESS	800 WEST AVE., RH25	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LILLIS, CHARLES N	
STREET ADDRESS	20905 S.W. 103RD PLACE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TRUSSELL, DAVID A	
STREET ADDRESS	450 NW 4TH STREET, #101	3892 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL	MIAMI, FL
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FIDEL, MATA	
STREET ADDRESS	301 NW BOULEVARD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WITHERSPOON, RUFUS	
STREET ADDRESS	14850 WEST DIXIE HIGHWAY	3892 BISCAYNE BLVD.
CITY-ST-ZIP	N. MIAMI FL 33181	MIAMI, FL
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WYSOCKI, DONALD J.	
STREET ADDRESS	1560 NE 130TH ST	
CITY-ST-ZIP	NORTH MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President
1.3 STREET ADDRESS	Steve Shafor
1.4 CITY-ST-ZIP	3892 Biscayne Blvd., Miami, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Carol Kahn
2.4 CITY-ST-ZIP	3892 Biscayne Blvd., Miami, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP D
3.3 STREET ADDRESS	Hal W. Brooks
3.4 CITY-ST-ZIP	3892 Biscayne Blvd., Miami, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Patricka Hegstrom
4.4 CITY-ST-ZIP	3892 Biscayne Blvd., Miami, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Gene Suarez
5.4 CITY-ST-ZIP	3892 Biscayne Blvd., Miami, FL
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Treasurer
6.3 STREET ADDRESS	Herberth Aguilar
6.4 CITY-ST-ZIP	3892 Biscayne Blvd., Miami, FL

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.

SIGNATURE:

David A. Trussell

David A. Trussell, Sec.

Date

4/28/98 (305) 573-2658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0029095

CR2E037 (10/97)