## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34994

FILED Feb 13, 2006 Secretary of State

Entity Name: NORTHEAST FLORIDA AIDS NETWORK, INC.

Current Principal Place of Business: New Principal Place of Business:

1045 RIVERSIDE AVE 2715 OAK STREET

110 JACKSONVILLE, FL 32205 US

JACKSONVILLE, FL 32204 US

Current Mailing Address: New Mailing Address:

1045 RIVERSIDE AVE 2715 OAK STREET

110 JACKSONVILLE, FL 32205 US

JACKSONVILLE, FL 32204 US

FEI Number: 59-2974694 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROLLO, WILLIAM
1045 RIVERSIDE AVENUE

ROLLO, WILLIAM
2715 OAK STREET

SUITE 110 JACKSONVILLE, FL 32205 US JAX, FL 32204 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM J. ROLLO 02/13/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VD ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 GOROSPE, LISA
 Name:
 BARGAR, KENNETH

 Address:
 5691 CLIFTON LANE
 Address:
 8452 25TH DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:
 WELLBORN, FL 32094

Title: VD ( ) Delete Title: PRES (X) Change ( ) Addition

Name: WEBER, JOÀN Name: HOLLINGER, DELOIS
Address: 1835 MALLORY STREET Address: 4468 MAJESTIC BLUFF DR. N.
City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32225

Title: ED ( ) Delete Title: ED (X) Change ( ) Addition

 Name:
 ROLLO, WILLIAM
 Name:
 ROLLO, WILLIAM

 Address:
 1045 RIVERSIDE AVENUE 110
 Address:
 2715 OAK STREET

 City-St-Zip:
 JAX, FL 32202
 City-St-Zip:
 JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. ROLLO ED 02/13/2006