

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34994

FILED
Jan 07, 2008
Secretary of State

Entity Name: NORTHEAST FLORIDA AIDS NETWORK, INC.

Current Principal Place of Business:

2715 OAK STREET
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

2715 OAK STREET
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-2974694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUCHS, DONNA M
2715 OAK STREET
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: BARGAR, KENNETH
Address: 8452 25TH DRIVE
City-St-Zip: WELLBORN, FL 32094

Title: PRES () Delete
Name: ROACH, CLAYTON
Address: 3241 CHESTNUT COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: ED () Delete
Name: FUCHS, DONNA M
Address: 2715 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONNA M. FUCHS

ED

01/07/2008

Electronic Signature of Signing Officer or Director

Date