FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37348 (2)

1. Corporation Name

AIDS CASE MANAGEMENT OF ST. JOHNS COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% WAYNE W O'CONNELL MD P O BOX 4434 ST AUGUSTINE FL 32085-1434	% WAYNE W O'CONNELL MD P O BOX 4434 ST AUGUSTINE FL 32085-1434

3. Date Incorporated or Qualified: 03/26/1990
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-3004033 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

HURLEY, MARY RITA
6 COQUINA AVE
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: Elizabeth Marsh
82 Street Address (P.O. Box Number is Not Acceptable): 151 Washington St. Apt. A
83
84 City: St. Augustine FL 85 Zip Code: 32084

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: Elizabeth Marsh / Elizabeth Marsh / Treasurer 4-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	T	☑ Change ☐ Addition
NAME	HURLEY, MARY RITA	1.2 NAME	Elizabeth Marsh	
STREET ADDRESS	6 COQUINA AVENUE	1.3 STREET ADDRESS	151 Washington St. Apt. A	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	1.4 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	KILPATRICK, DAVID LEE	2.2 NAME	Jan Felixson	
STREET ADDRESS	245 WILDWOOD DRIVE #71	2.3 STREET ADDRESS	80 Markland Pl	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	2.4 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	WEIGAND, CHERYL	3.2 NAME	Marianne Campbell	
STREET ADDRESS	6 COQUINA AVENUE	3.3 STREET ADDRESS	108 2nd St.	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	3.4 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Marianne Campbell 4-19-95 (904) 829-2073
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0021904