

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 # N38915 (7)
1. Corporation Name
TREASURE COAST COMMUNITY AIDS NETWORK, INC.



Principal Place of Business
**POST OFFICE BOX 1766
FORT PIERCE FL 34954**

Mailing Address
**POST OFFICE BOX 1766
FORT PIERCE FL 34954**

3. Date Incorporated or Qualified
07/03/1990

3a. Date of Last Report
03/30/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0228951		Applied For <input type="checkbox"/>		Not Applicable <input type="checkbox"/>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
23. Zip		28. Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
24. Country		29. Country		30. Country					

9. Name and Address of Current Registered Agent

**DURANT, MITCHELL
2511 TROPICAL E CIRCLE
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL 85. Zip Code

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: *Mitchell J. Durant*

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/25/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CHOMEY, JACK	
STREET ADDRESS	1415 41ST AVENUE	
CITY - ST - ZIP	VERO BEACH FL 34962	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ELENA	
STREET ADDRESS	1939 SO. FEDERAL HWY.	
CITY - ST - ZIP	STUART FL 34994	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES	
STREET ADDRESS	1095-12TH ST. #3	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, DONNA	
STREET ADDRESS	13550 NE 56TH AVE.	
CITY - ST - ZIP	OKECHOBBEE FL 34974	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	SCHLOEGEL, CECILE
2.4 CITY - ST - ZIP	2013 COCONUT DR. FT. PIERCE, FL. 34949
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	JACKSON, KEN
4.4 CITY - ST - ZIP	2301 OKECHOBBEE RD. FT. PIERCE, FL. 34950
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: *Mitchell J. Durant* **MITCHELL J. DURANT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/96 (401) 467-3196

CR2E037 (12/95)