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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N38915 (7)

1. Corporation Name

TREASURE COAST COMMUNITY AIDS NETWORK, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1766
FORT PIERCE FL 34954

POST OFFICE BOX 1766
FORT PIERCE FL 34954-1766



3. Date Incorporated or Qualified
07/03/1990

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

SKINNER, SHARON
82 Street Address (P.O. Box Number is Not Acceptable)
2818 S. FEDERAL HWY

83

84 City

FT. PIERCE

FL

85 Zip Code

34982

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

Sharon Skinner

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHOMEY, JACK	
STREET ADDRESS	1415 41ST AVENUE	
CITY-ST-ZIP	VERO BEACH FL 34962	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHLOEGEL, CECILE	
STREET ADDRESS	2013 COCONUT DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES	
STREET ADDRESS	1095-12TH ST. #3	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JACKSON, KEN	
STREET ADDRESS	2301 OKEECHOBEE RD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHLOEGEL, CECILE	
1.3 STREET ADDRESS	2013 COCONUT DR.	
1.4 CITY-ST-ZIP	FT. PIERCE, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, JAMES	
2.3 STREET ADDRESS	1095 12TH ST. #3	
2.4 CITY-ST-ZIP	VERO BEACH FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCDOWELL, DAVID	
3.3 STREET ADDRESS	1851 SW WILLOWBEND LN	
3.4 CITY-ST-ZIP	PAUM CITY, FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACKSON, KEN	
4.3 STREET ADDRESS	2301 OKEECHOBEE RD	
4.4 CITY-ST-ZIP	FT. PIERCE, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SKINNER, SHARON	
5.3 STREET ADDRESS	2818 S. FEDERAL HWY.	
5.4 CITY-ST-ZIP	FT. PIERCE, FL	
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 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:

Sharon Skinner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071107

CR2E037 (9/96)