

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40178

(8)

1. Corporation Name

AIDS RESOURCE ALLIANCE, INC.



Principal Place of Business

Mailing Address

1221 W. COLONIAL DRIVE
SUITE 300
ORLANDO FL 32804

1221 W. COLONIAL DR.
SUITE 300
ORLANDO FL 32804
US

3. Date Incorporated or Qualified
09/27/1990

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 701 E. SOUTH ST

26 SAME

4. FEI Number
59-3056762

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

City & State

23 ORLANDO FL

28

Zip 32801

Country ORANGE

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, RICHARD
206 E AMELIA
ORLANDO FL 32801

ROBERT SHERWOOD
141 E COPELAND DR
ORLANDO FL 32806

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 617.0504, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PRADO, NANSUE
STREET ADDRESS 1476 SHADWELL CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746 ☒ DELETE

TITLE ST
NAME LAWLER, JOHN
STREET ADDRESS 1129 HAWKES AVE.
CITY-ST-ZIP ORLANDO FL 32809 ☒ DELETE

TITLE TD
NAME COCKRELL, JACQUE
STREET ADDRESS 9122 PRISTINE CIRCLE
CITY-ST-ZIP ORLANDO FL 32818 ☒ DELETE

TITLE VP
NAME FLEENER, ROBERT
STREET ADDRESS 413 CINNAMON OAK COURT
CITY-ST-ZIP LAKE MARY FL 32746 ☒ DELETE

TITLE ED
NAME GERTZ, CAROLINE
STREET ADDRESS 1050 SEMINOLE AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32707 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME JOHN LAWLER - PRES ☐ Change ☒ Addition
1.3 STREET ADDRESS 4050 SHAKESPEARE RD
1.4 CITY-ST-ZIP ORLANDO FL 32839

2.1 TITLE D
2.2 NAME VINCE CLAUDE - TREASURER ☐ Change ☒ Addition
2.3 STREET ADDRESS 5337 OLD OAK TREE DR.
2.4 CITY-ST-ZIP ORLANDO FL 32808

3.1 TITLE D
3.2 NAME TIM O'BRIEN - PRES ELEC ☐ Change ☒ Addition
3.3 STREET ADDRESS 1023 CALIFORNIA CREEK DR
3.4 CITY-ST-ZIP OVIEDO FL 32765

4.1 TITLE D
4.2 NAME BOB SHERWOOD - SECY ☐ Change ☒ Addition
4.3 STREET ADDRESS 141 E COPELAND DR.
4.4 CITY-ST-ZIP ORLANDO FL 32806

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☒ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/11/96

407-834-1314

CR2E037 (12/95)