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Jun 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N40178 (8)

1. Corporation Name

AIDS RESOURCE ALLIANCE, INC.



Principal Place of Business

Mailing Address

701 E. SOUTH ST.
ORLANDO FL 32801

701 E. SOUTH ST.
ORLANDO FL 32801-2910

3. Date Incorporated or Qualified
09/27/1990

3a. Date of Last Report
06/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

4. FEI Number
59-3056762

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERWOOD, ROBERT
141 EAST 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LAWLER, JOHN
STREET ADDRESS 4050 SHAKESPEARE RD.
CITY-ST-ZIP ORLANDO FL 32839 ☒ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME PRESIDENT Elect
STREET ADDRESS CLAUDE, VINCE
CITY-ST-ZIP 5337 OLD OAK TREE DR.
ORLANDO FL 32808 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME PRESIDENT
STREET ADDRESS O'BRIEN, TIM
CITY-ST-ZIP 1023 CALIFORNIA CREEK DR.
OVIEDO FL 32765 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SHERWOOD, BOB
STREET ADDRESS 141 E. COPELAND DR.
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME TREASURER
STREET ADDRESS STEVE RUBER
CITY-ST-ZIP 162 SPRING CHASE CIRCLE
ALTAMONTE SPRINGS FL 32812 ☐ DELETE

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

TITLE D
NAME SECRETARY
STREET ADDRESS JOE MASON
CITY-ST-ZIP 114 OLIVE TREE CIRCLE
ALTAMONTE SPRINGS FL 32814 ☐ DELETE

6.1 TITLE ☐ Change ☐ 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.

CR2E037 (9/96)

6/6/97

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