


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90022 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N40178					
1. Corporation Name AIDS RESOURCE ALLIANCE, INC.					
Principal Place of Business 701 E. SOUTH ST. ORLANDO FL 32801			Mailing Address 701 E. SOUTH ST. ORLANDO FL 32801		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3056762	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYNOLDS, SUYREA			1.2 NAME	REYNOLDS, SUYREA		
STREET ADDRESS	21153 REINDEER RD			1.3 STREET ADDRESS	211 Reindeer Road		
CITY-ST-ZIP	CHRISTMAS FL 32709			1.4 CITY-ST-ZIP	Christmas, FL 32709		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'BRIEN, TIM			2.2 NAME	O'BRIEN, TIM		
STREET ADDRESS	1023 CALIFORNIA CREEK DR.			2.3 STREET ADDRESS	1023 California Creek Drive		
CITY-ST-ZIP	OVIDO FL 32765			2.4 CITY-ST-ZIP	Oviedo, FL 32765		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERWOOD, BOB			3.2 NAME	SHERWOOD, BOB		
STREET ADDRESS	141 E. COPELAND DR.			3.3 STREET ADDRESS	141 E. Copeland Drive		
CITY-ST-ZIP	ORLANDO FL 32806			3.4 CITY-ST-ZIP	Orlando, FL 32806		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUETER, STEVE			4.2 NAME	RUETER, STEVE		
STREET ADDRESS	162 SPRING CHASE CIRCLE			4.3 STREET ADDRESS	162 Spring Chase Circle		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32812			4.4 CITY-ST-ZIP	Altamonte Springs, 32714		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MASON, JOE			5.2 NAME	CLAUDE, VINCE		
STREET ADDRESS	114 OLIVE TREE CIRCLE			5.3 STREET ADDRESS	5337 Old Oak Tree Drive		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			5.4 CITY-ST-ZIP	Orlando, FL 32808		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	DPE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	PRINZ, DEBBIE		
STREET ADDRESS				6.3 STREET ADDRESS	601 E. Rollins Street		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Orlando, FL 32803		

14. I 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

04-01-99

(407) 894-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CAROLINE CERTZ-Executive Director

Date Daytime Phone #

CR2E037 (11/98)