

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

500001758575
-03/26/96--01165--024
***61.25

DOCUMENT # **N40318** (0)

1. Corporation Name

GENESIS AIDS PROJECT, INC.

Principal Place of Business

PO BOX 2892
WINTER PARK FL 32790

Mailing Address

PO BOX 2892
WINTER PARK FL 32790

3. Date Incorporated or Qualified
10/09/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-3047409

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

9. Name and Address of Current Registered Agent

**DAMIANO II, WILLIAM C.
132 AMERICA ST #28
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

Bill Bailey

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

1653 Watanga Ave # 205

83

84 City

Orlando

FL

85 Zip Code

32812

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 **Bill Bailey** **Bill Bailey** **Treasurer**

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

(NOTE: Registered Agent Signature required when removing)

13 Feb 96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAMIANO, WILLIAM C., II	
STREET ADDRESS	132 AMERICA ST #28	
CITY - ST - ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VERBA, NANCY	
STREET ADDRESS	7813 WENDELL RD.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, BARRY	
STREET ADDRESS	6053 VILLAGE CIRCLE NORTH	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATES, KEN	
STREET ADDRESS	118 W. EVANS STREET	
CITY - ST - ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MATHEUS, MARY	
STREET ADDRESS	414 EVESHAM PLACE	
CITY - ST - ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Maryanne Stone	
1.3 STREET ADDRESS	10352 Arbor Ridge Terrace	
1.4 CITY - ST - ZIP	Orlando, FL 32817	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michele Gothro	
2.3 STREET ADDRESS	250 Sannento Circle	
2.4 CITY - ST - ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bill Bailey	
3.3 STREET ADDRESS	1653 Watanga Ave #205	
3.4 CITY - ST - ZIP	Orlando, FL 32812	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marlene Richmond	
4.3 STREET ADDRESS	3321 Netherwood Drive	
4.4 CITY - ST - ZIP	Winter Park, FL 32792	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nancy, Verba Gamazo	
5.3 STREET ADDRESS	7813 Wendell Rd	
5.4 CITY - ST - ZIP	Orlando, FL 32807	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mary, Matheus	
6.3 STREET ADDRESS	414 Evesham Place	
6.4 CITY - ST - ZIP	Longwood, FL 32779	

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: **Bill Bailey** **Bill Bailey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Feb 96

Date

407 898-3282

Daytime Phone

505 3-26-96

CR2E037 (12/95)