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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32790-2892
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3. Date Incorporated or Qualified 10/09/1990	3a. Date of Last Report 03/26/1996
4. FEI Number 59-3047409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**BAILEY, BILL
1653 WATAUGA AVE
#205
ORLANDO FL 32812**

10. Name and Address of New Registered Agent
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 *Bill Bailey* **Bill Bailey** *Bill Bailey* **4 Apr 97**
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	<input checked="" type="checkbox"/> DELETE
NAME	STONE, MARYANNE	
STREET ADDRESS	10352 ARBORRIDGE TERR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERBA, NANCY	
STREET ADDRESS	7813 WENDELL RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAILEY, BILL	
STREET ADDRESS	1653 WATAUGA AVE #205	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GOTHRO, MICHELE	
STREET ADDRESS	250 SORRENTO CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATHEUS, MARY	
STREET ADDRESS	414 EVESHAM PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHMOND, MARLENE	
STREET ADDRESS	3321 NETHERWOOD DR	
CITY-ST-ZIP	WINTER PARK FL 32792	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary Mathews	
1.3 STREET ADDRESS	414 Evesham Place	
1.4 CITY-ST-ZIP	Longwood, FL 32779	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michele Gothro	
2.3 STREET ADDRESS	250 Sorrento Cir	
2.4 CITY-ST-ZIP	Orlando, FL 32792	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carol Mayes	
3.3 STREET ADDRESS	2128 Royal Dr	
3.4 CITY-ST-ZIP	Melbourne, FL 32904	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Maryanne Stone	
4.3 STREET ADDRESS	10352 Arbor Ridge Trail	
4.4 CITY-ST-ZIP	Orlando, FL 32817	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *Bill Bailey* **Bill Bailey** **4 Apr 97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018347

CR2E037 (9/96)