

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 31 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45040 (5)

1. Corporation Name

~~COMPREHENSIVE CARE CLINIC, INC.~~
Community Aids Network, Inc.

Principal Place of Business

150 EAST AVE SOUTH
SARASOTA FL 34237

Mailing Address

150 EAST AVE SOUTH
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1991

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0278528

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$9.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STALL, JEFFREY
1875 FLOYD ST.
SARASOTA FL 34239

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

FREDERICKS, LEONA

STREET ADDRESS

220 WEXFORD BLVD.

CITY - ST - ZIP

VENICE FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

500001449075
-04/06/95--01031--016

*****70.00 *****70.00

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

DS
WALLEN, RON
86 Inlets Blvd.
Nokomis, FL 34275

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

DS

NAME

WEINTRAUB, LENORE

STREET ADDRESS

3228 RINGWOOD MEADOW

CITY - ST - ZIP

SARASOTA FL

TITLE

DT

NAME

ERIKSON, LINDA

STREET ADDRESS

1700 S. TAMAMI TR.

CITY - ST - ZIP

SARASOTA FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

BLOOM, DAVID

STREET ADDRESS

1700 S. TAMAMI TR.

CITY - ST - ZIP

SARASOTA FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an original.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type in Words)

2/6/20/95 8/3 366.046/