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Feb 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

DOCUMENT # **N45040** **(5)**

1. Corporation Name

COMMUNITY AIDS NETWORK, INC.

Principal Place of Business	Mailing Address
150 EAST AVE SOUTH SARASOTA FL 34237	150 EAST AVE SOUTH SARASOTA FL 34237

3. Date Incorporated or Qualified: **09/09/1991**
3a. Date of Last Report: **03/29/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0278528** ☐ 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

STALL, JEFFREY
1875 FLOYD ST.
SARASOTA FL 34239

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	FREDERICKS, LEONA		1.2 NAME		
STREET ADDRESS	220 WEXFORD BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP		
TITLE	DS	☑ DELETE	2.1 TITLE	DS	☐ Change ☑ Addition
NAME	WALLEN, RON		2.2 NAME	NEAL, JAMES	
STREET ADDRESS	86 INLETS BLVD.		2.3 STREET ADDRESS	4431 OCEAN BLVD.	
CITY-ST-ZIP	NOKOMIS FL 34275		2.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	DS	☐ DELETE	3.1 TITLE	DP	☑ Change ☐ Addition
NAME	WEINTRAUB, LENORE		3.2 NAME		
STREET ADDRESS	3228 RINGWOOD MEADOW		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	DT	☑ DELETE	4.1 TITLE	DT	☐ Change ☑ Addition
NAME	ERIKSON, LINDA		4.2 NAME	GILL, RAYMOND	
STREET ADDRESS	4536 FRIAR TUCK LANE		4.3 STREET ADDRESS	908 PONDEROSA PINE LANE	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE	5.1 TITLE	DV	☑ Change ☐ Addition
NAME	BLOOM, DAVID		5.2 NAME		
STREET ADDRESS	5361 DOMINCO CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Leonard Erickson 2/11/97 (941) 366-0461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0079666