FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:27

DOCUMENT # N47636 (8)

1. Corporation Name
SUN COAST AIDS NETWORK, INC.

Principal Place of Business	Mailing Address
11700 N. 58TH STREET SUITE A TEMPLE TERRACE FL 33617 US	11700 N. 58TH STREET SUITE A TEMPLE TERRACE FL 33617 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3131055 ☐ 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
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KUEHN, CHUCK
TAN
11215 NORTH NEBRASKA #B-3
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: Robert G. Eledge
82 Street Address (P.O. Box Number is Not Acceptable): 11700 N. 58th Street, Suite A
83
84 City: Temple Terrace FL 85 Zip Code: 33617

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: Robert G. Eledge, Executive Director — 14/Feb/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	KUEHN, CHUCK	1.2 NAME	Olga Williams	
STREET ADDRESS	12215 NORTH NEBRASKA AVE.	1.3 STREET ADDRESS	6013 N. 40th Street	
CITY-ST-ZIP	TAMPA FL 33612	1.4 CITY-ST-ZIP	Tampa, FL 33610	
TITLE	D	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	BUTLER, LINDA	2.2 NAME	Stephen Knowles	
STREET ADDRESS	624 COURT ST.	2.3 STREET ADDRESS	N/A	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	CONDRON, MICHAEL	3.2 NAME	Bobbi Lambert	
STREET ADDRESS	5416 63RD WAY NORTH	3.3 STREET ADDRESS	10841 Little Road	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE		4.1 TITLE	DT	☐ Change ☒ Addition
NAME		4.2 NAME	Patricia Hite	
STREET ADDRESS		4.3 STREET ADDRESS	3010 East Waters Ave.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33604	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Robert G. Eledge — 23 January 1995 — 813-980-3953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084470