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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
02/28/1992

3a. Date of Last Report  
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 1511 N. Westshore Blvd 26 1511 N. Westshore Blvd.

4. FEI Number  
59-3131055

Applied For  
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 Suite 300

27 Suite 300

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

City & State

City & State

23 Tampa, FL

28 Tampa, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33607

25 Hillsborough

29 33607

30 Hillsborough

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELEDGE, ROBERT G.  
11700 N. 58TH STREET  
SUITE A  
TEMPLE TERRACE FL 33617

81 Name

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

1511 N. Westshore Blvd

83 Suite 300

84 City Tampa

FL

85 Zip Code  
33607

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

Signature, typed or printed name of registered agent and date 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 ☒ DELETE  
NAME WILLIAMS, OLGA  
STREET ADDRESS 6013 N. 40 STREET  
CITY-ST-ZIP TAMPA FL

1.1 TITLE DP ☐ Change ☒ Addition  
1.2 NAME Pat Russell  
1.3 STREET ADDRESS One Davis Blvd. #502  
1.4 CITY-ST-ZIP Tampa, FL 33606

TITLE DV ☒ DELETE  
NAME KNOWLES, STEPHEN  
STREET ADDRESS 624 COURT ST.  
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE DV ☐ Change ☒ Addition  
2.2 NAME Annie Santa-Maria  
2.3 STREET ADDRESS 300 E. Bay Drive  
2.4 CITY-ST-ZIP Largo, FL 34640

TITLE DS ☐ DELETE  
NAME LAMBERT, BOBBY  
STREET ADDRESS 10841 LITTLE ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DT ☒ DELETE  
NAME HITE, PATRICIA  
STREET ADDRESS 3010 E WATERS AVE.  
CITY-ST-ZIP TAMPA FL

4.1 TITLE DT ☐ Change ☒ Addition  
4.2 NAME Diane Pacecca  
4.3 STREET ADDRESS 3100 First Ave North  
4.4 CITY-ST-ZIP St. Pete, FL 33731

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Eledge

2/1/96

(813) 289-2437

Date

Daytime Phone

CR2E037 (12/95)