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FILED

May 08 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

1511 N. WESTSHORE BLVD  
SUITE 300  
TAMPA FL 33607  
US1511 N. WESTSHORE BLVD.  
SUITE 300  
TAMPA FL 33607-4523  
US3. Date Incorporated or Qualified  
02/28/19923a. Date of Last Report  
02/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3131055

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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.  
1511 NORTH WESTSHORE BLVD  
SUITE 300  
TAMPA FL 33607

81 Name

Cinde Cortelou

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

1511 North 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Cinde Cortelou

Cinde Cortelou, Interim Executive Director

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME RUSSELL, PAT  
STREET ADDRESS ONE DAVIS BLVD SUITE 502  
CITY-ST-ZIP TAMPA FLTITLE DV ☐ DELETE  
NAME SANTA-MARIA, ANNIE  
STREET ADDRESS 300 E. BAY DRIVE  
CITY-ST-ZIP LARGO FLTITLE DS ☐ DELETE  
NAME LAMBERT, BOBBI  
STREET ADDRESS 10841 LITTLE ROAD  
CITY-ST-ZIP NEW PORT RICHEY FLTITLE DT ☒ DELETESTREET ADDRESS 3100 FIRST AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME Shively, Nora  
1.3 STREET ADDRESS 2215 Harry Avenue  
1.4 CITY-ST-ZIP Tampa, FL 336032.1 TITLE DV ☒ Change ☐ Addition  
2.2 NAME Melissa Beaupierre  
2.3 STREET ADDRESS 8403 Benjamin Rd., #3  
2.4 CITY-ST-ZIP Tampa, FL 336343.1 TITLE DS ☒ Change ☐ Addition  
3.2 NAME Mark Davis  
3.3 STREET ADDRESS 3150 5th Avenue  
3.4 CITY-ST-ZIP St. Petersburg, FL 337134.1 TITLE ☐ Change ☐ Addition

4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 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 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 x Sa. Nora Shively, 08F Nora Shively, Board President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047552

CP2E037 (9/96)