SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:24

DOCUMENT # **N47662** **(4)**

1. Corporation Name
CHARLOTTE HIV/AIDS NETWORK INC.

Principal Place of Business	Mailing Address
P.O. BOX 4229 PORT CHARLOTTE FL 33949-4229	P.O. BOX 4229 PORT CHARLOTTE FL 33949-4229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0324748 ☐ 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 ☑ **FILING FEE IS $61.25**
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 3880 E Tamiami Trail	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Port Charlotte FL	28 City & State
24 Zip: 33952 25 Country: Charlotte	29 Zip 30 Country

9. Name and Address of Current Registered Agent

WILSON, DAVID P.
497 BUFFALO AVENUE
PORT CHARLOTTE FL 33952-7218

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 22281 Buffalo Ave.
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	P	11 TITLE	P	☑ Change ☐ Addition
NAME	SHEPPARD, DONNA	12 NAME	Nancy A. Razvoza	
STREET ADDRESS	2321 SOFIA LANE,	13 STREET ADDRESS	20377 Quesada Ave,	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	V	21 TITLE	V	☑ Change ☐ Addition
NAME	RAZVOZA, NANCY	22 NAME	G. David Waldron	
STREET ADDRESS	20377 QUESADA	23 STREET ADDRESS	20461 Midway Blvd.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	24 CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	S	31 TITLE	S	☑ Change ☐ Addition
NAME	SINCLAIR, MARISSA	32 NAME	Michael Montgomery	
STREET ADDRESS	1112 SHEARER STREET	33 STREET ADDRESS	2329 Pinellas Dr.	
CITY-ST-ZIP	PORT CHARLOTTE FL	34 CITY-ST-ZIP	Port Charlotte, FL 33983	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	LICASTRO, GLORIA A	42 NAME		
STREET ADDRESS	2395 HARBOR BLVD - A311	43 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	WILSON, DAVID P	52 NAME	Nancy L. Turner	
STREET ADDRESS	497 BUFFALO AVENUE	53 STREET ADDRESS	27325 Gunpore Drive	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	54 CITY-ST-ZIP	Punta Gorda, FL 33983	
TITLE	D	61 TITLE	D	☑ Change ☐ Addition
NAME	FOSTER, ROBERT	62 NAME	Richard Higgins	
STREET ADDRESS	407 BUFFALO AVE	63 STREET ADDRESS	21358 Burkhart Dr.	
CITY-ST-ZIP	PORT CHARLOTTE FL	64 CITY-ST-ZIP	Port Charlotte, FL 33952	

CR2E037 (3/95)

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: Nancy A Razvoza Nancy A. Razvoza - Pres. (941) 743 - 1462
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018078

N47662

Charlotte HIV-AIDS Network, Inc.

P.O. Box 4229 Port Charlotte, Florida 33949-4229

Hotline 625-AIDS

ADDENDUM TO ANNUAL REPORT FOR CHARLOTTE HIV/AIDS NETWORK - N47662

Director: Charli Massaro
2765 Mauritania Rd.
Port Charlotte, FL 33983

Director: Joseph Maiorana
575 Madrid Blvd.
Punta Gorda, FL 33950

Director: Andrew Resignato
2821 Marlin Place
Punta Gorda, FL 33950

Director: Betty Smith
431 Palmetto Drive
Port Charlotte, FL 33952