FILE NOW: FILING FEE IS $61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
CHARLOTTE HIV/AIDS NETWORK INC.

Principal Place of Business	Mailing Address
3880 E TAMIAMI TRAIL PORT CHARLOTE F 33952 US	P.O. BOX 4229 PORT CHARLOTTE FL 33949-4229

3. Date Incorporated or Qualified: **03/02/1992**
3a. Date of Last Report: **06/16/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

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

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

9. Name and Address of Current Registered Agent

WILSON, DAVID P.
22281 BUFFALO AVE
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)
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAZVOZA, NANCY A 20377 QUESADA AVE PORT CHARLOTTE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT GLORIA A LICASTRO 2395 Harbor Blvd A 311 Pt Charlotte Fla.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WALDRON, G DAVID 20461 MIDWAY BLVD PORT HCARLOTTE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE-PRESIDENT ANTHONY PODOLAK 2218 L LaSalle Port Charlotte, FL 33952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MONTGOMERY, MICHAEL 2329 PINELLAS DR PORT CHARLOTTE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY JAMES WESCOTT 23350 W LEHIGH AVE PORT CHARLOTTE FL 33954-3619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LICASTRO, GLORIA A 2395 HARBOR BLVD - A311 PORT CHARLOTTE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TREASURER ELOISE MCDOUGALL 317 W. Virginia Ave Punta Gorda FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, NANCY L 23725 GUAPORE DR PUNTA GORDA FL	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIGGINS, RICAHRD 21358 BURKHART DR PORT CHARLOTTER FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR SHANNON MCGINNIS 22158 GATEWOOD AVE Port Charlotte, FL 33952	☒ Change ☐ Addition

CR2E037 (12/95)

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)(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: x David P. Wilson 3-29-96 941-625-2437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CHARLOTTE HIV/AIDS NETWORK INC.

OFFICERS AND DIRECTORS

APRIL 1996

President:	Gloria A. Licastro 2395 Harbor Blvd. #A311 Port Charlotte, FL 33952 743-6191
Vice-Pres:	Anthony M. Podolak 22136 LaSalle Ave. Port Charlotte, FL 33952 255-3124 (Beeper 998-4354)
Treasurer:	Eloise McDougall 317 W. Virginia Ave. Punta Gorda, FL 33950 639-2508
Secretary:	James Wescott 23350 Lehigh Ave. Port Charlotte, FL 766-9037 (Same # for FAX)
Director:	Nancy L. Turner 23725 Guapore Drive Port Charlotte, FL 33983 627-9107 (Work (941-433-6267)
Director:	Julie Josephson 113 Austin Street Port Charlotte, FL 33952 624-0429
Director:	Shannon McGinnis 22158 Gatewood Ave. Port Charlotte, FL 33952 629-9116

Director: Ruth Adams
514 E. Grace St
Punta Gorda, FL 33950
Wk: 639-1181, ext. #232

(Home)
6644 S.W. Kentucky St.
Arcadia, FL 33821

Director: Joseph Maiorana
575 Madrid Bvd.
Punta Gorda, FL 33950
575-0143

Director: Wayne Ambrose
389 Horizon Dr.
No. Ft. Myers, FL 33903
Wk: 639-1181, ext. 243

Director: Ceil Fowler
1133 Kensington St.
Port Charlotte, FL 33952
629-8928

Director: Jeffery Keller
25028 Harborview Rd. #6
Port Charlotte, FL 33980
627-0073

Director: Warren Ross, Esq.
201 W. Marion Ave. #301
Punta Gorda, FL 33950
639-2171

Director: Rene Stevens
21232 Gaylord Ave.
Port Charlotte, FL 33954
624-6571

Exec. Dir.: David P. Wilson
22281 Buffalo Ave.
Port Charlotte, FL 33952-7218