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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47662

(4)

CHARLOTTE HIV/AIDS NETWORK INC.

| | | | · · · | | | | | | |
|---|---|--|---------------------|--------------|------------------|---|--------------------------|--------------------|----------|
| Principal Place of Business | | Malling Address | Malling Address | | | C INDITION AND ASSESS AND DESIGNATION | ALBO STEEL BURN STEEL ST | | ., 1491 |
| 3880 E TAMIAN PORT CHARLO US | | P.O. BOX 4229 PORT CHARLOTTE FL 3 | 3 949-42 29 | | | | | | |
| | | | | *** | | 3. Date Incorporated or Qualified 03/02/1992 | 3a. Date of La 04/03 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number 65-0324748 | <u> </u> | Applied Not App | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | 75 Additio | onal |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | 00 May I | |
| Zip 24 | Country 25 | Z _i p 29 | Country 30 | | | This corporation has liability for intangible tax under s. 199.032, Florida Statutes No | | | |
| <u> </u> | 9. Name and Address of Currer | | | Т | | 10. Name and Address of New Re | | | |
| | | | | 81 | Name | | | | |
| | I, DAVID P. | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptab | ole) | | |
| 22281 BUFFALO AVE PORT CHARLOTTE FL 33952-7218 | | | | 83 | | | | | |
| | | | | 84 | City | | FL 85 | Zip Code | |
| 11. Pursuant office or i | to the provisions of Sections 617,050 registered agent, or both, in the State | 02 and 617.1508, Florida State of Florida. Such change was | utes, the a | bove d by | named co | rporation submits this statement for the pation's board of directors. I hereby accept | ourpose of changi | ng its regi | stered |
| agent. I a | m familiar with, and accept the oblig | ations of, Section 617.0503, I | Florida Sta | tutes | | | | | |
| SIGNATURE | Signature typed or printed name of registered ag | ent and title if applicable. (N | OTE: Registere | d Aper | ni signature rec | ulred when reinstating) | DATE | | [|
| 12. | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | CERS AND DIREC | TORS IN | 12 |
| TITLE | P | ¥ DELETE | 1.1 T | ITLE | P | | X X Cha | nge 🔲 | Addition |
| NAME | LICASTRO, GLORIA A | ,, | 1.2 N | | | Gair Overs | ~~ | | |
| STREET ADDRESS | 2395 HARBOUR BLVD A 311 | | 1.3 \$ | TREET | address | 1031 W. Retta Espl | #122 | | |
| CITY-ST-ZIP | PT CHARLOTTE FL | | 1.40 | HTY-51 | r-ZIP | Punta Gorda, FL 33 | 1050 | | |
| TrīLE | V | I ∑I DELETE | 2.1 ₹ | ITLE | | | Cha | nge 🗔 | Addition |
| NAME | PODOLAK, ANTHONY | | 2.2 N | AME | | D111 | | |] |
| STREET ADDRESS | 22136 LASALLE | | 2.3 S | TREET | ADDRESS | Position currently | / vacant | | - 1 |
| CITY-ST-ZIP | PORT CHARLOTTE FL | | 2.40 | CITY-S | T-ZIP | | | | |
| THE | 8 | X) DELETE | 3.1 T | ITLE | | S | X X Cha | nge L_i | Addition |
| NAME | WESCOTT, JAMES | | 3,2 N | | | Jeffrey Keller | | | ĺ |
| STREET ADDRESS | 23350 LEHIGH AVE | | 3.3 S | TAEET | ADDRESS | 22281 Buffalo Ave. | | | ļ |
| CITY-ST-ZIP | PORT CHARLOTTE FL | | | CITY-S | T-ZIP | <u>Port Charlotte, Fl</u> | 33952 | | NA PRO |
| TITLE | T | [_] DELETE | 4.1 T | | | | Cha | nge 🔲 | Addition |
| NAME | MCDOUGALL, ELOISE | | | NAME | | | | | ļ |
| STREET ADDRESS | 317 W VIRGINIA AVE | | | | ADDRESS | | | | |
| CITY-ST-ZIP | PUNTA GORDA FL | DELETE | | ITY-SI | I - ZIP | | Cha | 000 TT | Addition |
| TITLE | D THOUSE MANOY I | L vereit | 5.1 T | | { | | L. Ula | ÷γe ∐ | AUGILION |
| NAME | TURNER, NANCY L | | | LAME | | | | | |
| STREET ADDRESS | 23725 GUAPORE DR | | | | ADDRESS | | | | ļ |
| CITY-ST-ZIP | PUNTA GORDA FL | DELETE | | ITY-S | I - ZIP | | ☐ Cha | 0.00 | Addition |
| TITLE | D D | M nere is | 6.1 T | | | | L CIR | ا مورا | MODICOLL |
| NAME | MCGINNIS, SHANNON | | 6.2 N | | | | | | { |
| STREET ADDRESS | 22158 GATEWOOD AVE | | | TREET | ADDRESS | | | |] |
| | | | | | | | | | |

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:

Jeffrey Leller

Pantley Relle

4/25/97

(941) 625-2437

FILED

May 01 1997 8:00am

Secretary of State

Daytime Phone # 0047450

April 25, 1997

ADDENDUM TO ANNUAL REPORT FOR CHARLOTTE HIV/AIDS NETWORK INC. - N47662 - ADDITIONAL DIRECTORS.

- D Anthony M. Podolak 22136 LaSalle Ave. Port Charlotte, FL 33952
- D Julie Josephson 113 Austin Street Port Charlotte, FL 33952
- D Ceil Fowler 1133 Kensington Street Port Charlotte, FL 33952
- D Peter Brandt 1348 W. Corktree Circle Port Charlotte, FL 33952
- D Cara Kenny 1033 Francesca Ct. Punta Gorda, FL 33950
- D Barbara Coulton
 1348 W. Corktree Circle
 Port Charlotte, FL 33952
- D Douglas Little 1324 W. Corktree Circle Port Charlotte, FL 33952

Jeffry Buller Jeffrey Keller, Secretary