

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90042 014 ****61.25

DOCUMENT # N47662

1. Corporation Name

CHARLOTTE HIV/AIDS NETWORK INC.

Principal Place of Business

3880 E TAMiami TRAIL
PORT CHARLOTTE F 33952
US

Mailing Address

P.O. BOX 4229
PORT CHARLOTTE FL 33949-4229

527896 - 90042 - 14



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date incorporated or Qualified

03/02/1992

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

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 **Kenneth L. Walsh**

82 Street Address (P.O. Box Number is Not Acceptable)
3009 Calvin Blvd.

83

84 City
Fort Myers

FL

85 Zip Code
33901

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 *Kenneth L. Walsh*
Signature, typed or printed name of registered agent and title if applicable.

Kenneth L. Walsh, Director
(NOTE: Registered Agent signature required when reinstating)

3/25/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **OWENS, GAIR**
STREET ADDRESS **1031 W RETTA ESPL. #122**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **P** ☒ DELETE
NAME **KELLER, JEFFREY**
STREET ADDRESS **22281 BUFFALO AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **S** ☒ DELETE
NAME **WALSH, KENNETH L.**
STREET ADDRESS **3009 CALVIN B;VD**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **T** ☐ DELETE
NAME **MCDUGALL, ELOISE**
STREET ADDRESS **317 W VIRGINIA AVE**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **D** ☒ DELETE
NAME **TURNER, NANCY L**
STREET ADDRESS **23725 GUAPORE DR**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **D** ☐ DELETE
NAME **MCGINNIS, SHANNON**
STREET ADDRESS **22158 GATEWOOD AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☒ Addition
1.2 NAME **Jason Morgan**
1.3 STREET ADDRESS **1031 W. Retta Espl. #122**
1.4 CITY-ST-ZIP **Punta Gorda**

2.1 TITLE **P** ☐ Change ☒ Addition
2.2 NAME **Cedra Fowler**
2.3 STREET ADDRESS **1133 Kensington St.**
2.4 CITY-ST-ZIP **Port Charlotte, FL 33952**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **William Crawford**
3.3 STREET ADDRESS **Loveland Blvd.**
3.4 CITY-ST-ZIP **Punta Gorda, FL. 33980**

4.1 TITLE **Vincent Scotta** ☐ Change ☒ Addition
4.2 NAME **401 W. Henry St.**
4.3 STREET ADDRESS **Punta Gorda, FL. 33950**
4.4 CITY-ST-ZIP **33950**

5.1 TITLE **Candace Prather** ☐ Change ☒ Addition
5.2 NAME **23465 Harborview Rd Unit 642**
5.3 STREET ADDRESS **Punta Gorda, FL 33980**
5.4 CITY-ST-ZIP **33980**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Kenneth L. Walsh* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
Date

941-625-2437
Daytime Phone #

CR2E037 (1/98)