


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90071 001 \*\*\*\*61.25

<b>DOCUMENT # N47662</b> 1. Entity Name <b>CHARLOTTE HIV/AIDS NETWORK INC.</b>					
Principal Place of Business <b>17506 BRIGHTON AVENUE STE E PORT CHARLOTE, F 33954 US</b>				Mailing Address <b>P.O. BOX 495523 PORT CHARLOTTE, FL 33949-5523 US</b>	
2. Principal Place of Business - No P.O. Box # <b>Margaret Probst</b>		3. Mailing Address <b>Margaret Probst</b>			
Suite, Apt. #, etc. <b>1865 Faust Drive</b>		Suite, Apt. #, etc. <b>1865 Faust Drive</b>			
City & State <b>Englewood FL</b>		City & State <b>Englewood FL</b>			
Zip <b>34224</b>	Country <b>USA</b>	Zip <b>34224</b>	Country <b>USA</b>	4. FEI Number <b>65-0324748</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PAZICKY, EDWARD C C/O PATRICIA O'MEARA 17506 BRIGHTON AVE, STE. E PORT CHARLOTTE, FL 33954</b>			7. Name and Address of New Registered Agent Name <b>Maggie Probst</b> Street Address (P.O. Box Number is Not Acceptable) <b>1865 Faust Drive</b> <b>Englewood</b> City <b>FL</b> Zip Code <b>34224</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Margaret Probst, Treas.</i></u> <u><i>REGISTERED AGENT</i></u> <u><i>4/30/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PONZIO, MICHAEL R 3037 PINETREE PORT CHARLOTTE, FL 33952</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BRUCE Taylor</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3037 Pinetree Port Charlotte, FL 33952</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>DIMEOLA, MARY 21499 IRONTON AVE PORT CHARLOTTE, FL 33952</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>PROBST, MAGGIE 1885 FAUST DRIVE ENGLEWOOD, FL 34224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Margaret Probst, Treas.</i></u> <u><i>MARGARET PROBST</i></u> <u><i>4/30/07</i></u> <u><i>941-4734035</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					