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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # N48714 (2)

1. Corporation Name

FAMILY AIDS NETWORK, INC.

Principal Place of Business	Mailing Address
C/O THE GREYSTONE GROUP/RIVERVIEW CENTER ~~BLDG. 678~~ FRONT ST. N.W. SUITE 150 GRAND RAPIDS MI 49504	3075 HAMPTON PLACE BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0349911 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 Maryland	2a. Mailing Address 26 678 Front St. N.W.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 150
City & State 23	City & State 28 Grand Rapids MI
Zip / Country 24 / 25	Zip / Country 29 49504 / 30

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 ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FISHER, MARY 920 NORTH LAKE WAY PALM BEACH FL 33480	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 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE May 10, 1995 DATE
(Signature required or printed name of registered agent if applicable. NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	FISHER, MARY D.	12 NAME	
STREET ADDRESS	6609 RIVER RD.	13 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	14 CITY-ST-ZIP	
TITLE	VC	21 TITLE	☐ Change ☐ Addition
NAME	FISHER, PHILLIP WM.	22 NAME	
STREET ADDRESS	2700 FISHER BUILDING	23 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48202	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BASKIN, HENRY	32 NAME	
STREET ADDRESS	30200 TELEGRAPH RD.	33 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DURHAM, KATHY	42 NAME	
STREET ADDRESS	63 EAST 79TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PROUTY, JOY	52 NAME	
STREET ADDRESS	4612 S. DIXIE HIGHWAY	53 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WEISS, BRIAN M.D.	62 NAME	
STREET ADDRESS	9100 DADELAND BLVD.	63 STREET ADDRESS	T.S. 5/11/1995
CITY-ST-ZIP	MIAMI FL 33156	64 CITY-ST-ZIP	

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 above, or on an attachment with an appropriate designation.

SIGNATURE: May 10, 1995 5/1/95
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone #)