

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**MARYLAND  
678 FRONT ST. N.W. SUITE 150  
GRAND RAPIDS MI 49504**

Mailing Address

**678 FRONT ST. N.W.  
STE. 150  
GRAND RAPIDS FL 49504**



3. Date Incorporated or Qualified  
**05/01/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

**21 Family AIDS Network, Inc.**

2a. Mailing Address

**26 410 The GreyStar Group**

4. FEI Number  
**65-0349911**

Applied For  
Not Applicable

Suite, Apt. #, etc.

**22 6609 River Road**

Suite, Apt. #, etc.

**27**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

**23 Bethesda MD**

City & State

**28**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

**24 20817**

Country

**25**

Zip

**29**

Country

**30**

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

9. Name and Address of Current Registered Agent

**FISHER, MARY  
920 NORTH LAKE WAY  
PALM BEACH FL 33480**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **FISHER, MARY D.**

STREET ADDRESS **6609 RIVER RD.**

CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **VC** ☐ DELETE

NAME **FISHER, PHILLIP WM.**

STREET ADDRESS **2700 FISHER BUILDING**

CITY-ST-ZIP **DETROIT MI 48202**

TITLE **S** ☐ DELETE

NAME **BASKIN, HENRY**

STREET ADDRESS **30200 TELEGRAPH RD.**

CITY-ST-ZIP **BIRMINGHAM MI**

TITLE **D** ☐ DELETE

NAME **DURHAM, KATHY**

STREET ADDRESS **63 EAST 79TH STREET**

CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE

NAME **PROUTY, JOY**

STREET ADDRESS **4612 S. DIXIE HIGHWAY**

CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D** ☐ DELETE

NAME **WEISS, BRIAN M.D.**

STREET ADDRESS **9100 DADELAND BLVD.**

CITY-ST-ZIP **MIAMI FL 33156**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

*Birmingham, MI 43210*

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

*New York, NY 10021*

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/ May 196 616-451-2000*

*2361*

CR2E037 (12/95)