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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48714** (2)

1. Corporation Name

FAMILY AIDS NETWORK, INC.

Principal Place of Business

Mailing Address

**ONE GESNER AVENUE
6608 RIVER ROAD
SOUTH NYACK NY 10980
US**

**C/O THE GREYSTONE GROUP
678 FRONT ST. N.W., STE. 150
GRAND RAPIDS MI 49504
US**

3. Date Incorporated or Qualified

05/01/1992

4. FEI Number

65-0349911

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

I, **office**, 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE
NAME **FISHER, MARY D.**
STREET ADDRESS **ONE GESNER AVENUE**
CITY-ST-ZIP **SOUTH NYACK NY**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **FAIRCHILD, MORGAN**
1.3 STREET ADDRESS **3480 BLAIR DR.**
1.4 CITY-ST-ZIP **LOS ANGELES, CA 90068**

TITLE **VC** ☐ DELETE
NAME **FISHER, PHILLIP WM.**
STREET ADDRESS **2700 FISHER BUILDING**
CITY-ST-ZIP **DETROIT MI 48202**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PITTS, BILL**
STREET ADDRESS **21 DUPONT CIRCLE**
CITY-ST-ZIP **WASHINGTON DC**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **FLETCHER, MAMIE**
STREET ADDRESS **657 VALLEY BROOK, SE**
CITY-ST-ZIP **CEDAR RAPIDS IA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FISHER, LAUREN**
STREET ADDRESS **2700 FISHER BUILDING**
CITY-ST-ZIP **DETROIT MI**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SAAG, MICHAEL D**
STREET ADDRESS **908 20TH STREET SOUTH; COMM. CARE #718**
CITY-ST-ZIP **BIRMINGHAM AL**

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.

SIGNATURE:

[Signature]

2/12/98

CR2E037 (10/97)