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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N48714

1. Corporation Name

FAMILY AIDS NETWORK, INC.

4 5 5 7 8
455784 - 90048 - 47

Principal Place of Business

ONE GESNER AVENUE
6609 RIVER ROAD
SOUTH NYACK NY 10960
US

Mailing Address

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



2. Principal Place of Business

21 1601 N. KENT STREET

2a. Mailing Address

26 678 Front St. NW

3. Date Incorporated or Qualified

05/01/1992

Suite, Apt. #, etc.

22 SUITE 1003

Suite, Apt. #, etc.

27 Suite 159

4. FEI Number

65-0349911

Applied For

Not Applicable

City & State

23 ARLINGTON, VA

City & State

28 Grand Rapids, MI

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

24 22209

Country

25 USA

Zip

29 49504

Country

30 US

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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	<input type="checkbox"/> DELETE
NAME	FISHER, MARY D.	
STREET ADDRESS	ONE GESNER AVENUE	
CITY-ST-ZIP	SOUTH NYACK NY	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	FISHER, PHILLIP WM.	
STREET ADDRESS	2700 FISHER BUILDING	
CITY-ST-ZIP	DETROIT MI 48202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITTS, BILL	
STREET ADDRESS	21 DUPONT CIRCLE	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLETCHER, MAMIE	
STREET ADDRESS	657 VALLEY BROOK, SE	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, LAUREN	
STREET ADDRESS	2700 FISHER BUILDING	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAAG, MICHAEL D	
STREET ADDRESS	908 20TH STREET SOUTH; COMM. CARE #718	
CITY-ST-ZIP	BIRMINGHAM AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.99

Date

616.451.8880

Daytime Phone #

CR2E037 (1/98)