

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N49377 (7)**

1. Corporation Name  
**FOR AIDS CARE TODAY, INC.**



Principal Place of Business: **2641 - 1ST AVE. N. ST. PETERSBURG FL 33713**  
Mailing Address: **2641 - 1ST AVE. N. ST. PETERSBURG FL 33713**

3. Date Incorporated or Qualified: **06/15/1992**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **59-3128150**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. City & State: 27  
23. City & State: 28  
24. Zip: 25  
29. Zip: 30

**9. Name and Address of Current Registered Agent**  
**WALLACE, ROBERT J DR.**  
**2641 - 1ST AVE. N.**  
**ST. PETERSBURG FL 33713**

**10. Name and Address of New Registered Agent**  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: <b>P</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>WALLACE, ROBERT J.</b>
STREET ADDRESS: <b>218 N 28TH AVE</b>	CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>
TITLE: <b>ST</b> <input type="checkbox"/> DELETE	NAME: <b>ADAMS, ROBERTA J</b>
STREET ADDRESS: <b>12324 SUN VISTA CT</b>	CITY-ST-ZIP: <b>TREASURE ISLAND FL 33706</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>GOFF, NORMA</b>
STREET ADDRESS: <b>6550 17 ST. N.</b>	CITY-ST-ZIP: <b>ST. PETERSBURG FL 33702</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>MCCORMICK, TIM</b>
STREET ADDRESS: <b>4401 37TH STR SO</b>	CITY-ST-ZIP: <b>ST PETERSBURG FL</b>
TITLE: <b>T</b> <input type="checkbox"/> DELETE	NAME: <b>WALSH, MATT</b>
STREET ADDRESS: <b>2232 SOUTH BEACH BLVD</b>	CITY-ST-ZIP: <b>GULFPORT FL 33707</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>NELSON, BILLEY WILMA</b>
STREET ADDRESS: <b>2504 SUNSET WAY</b>	CITY-ST-ZIP: <b>ST. PETERSBURG FL 33706</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>D GINIAT GARY</b>
1.2 STREET ADDRESS: <b>1247 13th St. N.</b>	1.3 CITY-ST-ZIP: <b>St Petersburg, FL 33705</b>
2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>D MAY AL</b>
2.2 STREET ADDRESS: <b>6600 SUNSET WAY B-304</b>	2.3 CITY-ST-ZIP: <b>St Pete Beach, FL 33706</b>
2.4 CITY-ST-ZIP: <b>33706</b>	3.1 TITLE: <b>President/VP</b>
3.2 NAME: <b>Goff, NORMA</b>	3.3 STREET ADDRESS: <b>6550 17th St. N.</b>
3.4 CITY-ST-ZIP: <b>ST Petersburg, FL 33702</b>	4.1 TITLE: <b>D</b>
4.2 NAME: <b>Radnoti, Maria</b>	4.3 STREET ADDRESS: <b>108 18th Ave</b>
4.4 CITY-ST-ZIP: <b>St Pete Beach, FL 33706</b>	5.1 TITLE: <b>D</b>
5.2 NAME: <b>Wallace, Robert</b>	5.3 STREET ADDRESS: <b>218 28th Ave. N.</b>
5.4 CITY-ST-ZIP: <b>St Petersburg, FL 33704</b>	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 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: Robert J. Wallace DATE: 4/25/94 DAYTIME PHONE #: 813-327-2969

CR2E037 (12/95)