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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	N49377
L. Corporation Name	

(7)

FOR AIDS CARE TODAY, INC.

Principal	Place	of Bus	siness			

Mailing Address

2641 - 1ST AVE. N. ST. PETERSBURG FL 33713

2641 - 1ST AVE. N. ST. PETERSBURG FL 33713



2. Principal Packer of Business   2a. Maling Address   4. FEI Number   59-3126150   Nun Applicable   100 A									3. Date Incorporated or Qualified		of Last Report	
Section   Sect	2 Princi	Principal Place of Rusiness							06/15/1992	<u> </u>	1 - 1	
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City & State   City & City	<del></del>	Ant # etc	· · · · · · · · · · · · · · · · · · ·	26	Culto Ant # ete				39-3 126 130			
22 P Country	— · · · · · · · · · · · · · · · · · · ·						5. Certificate of Status Desired		• • • • • • • • • • • • • • • • • • • •			
Added to Fees 2p		State			City & State				6. Election Campaign Financing		\$5.00 May Be	
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 Oily  FL BS Zip Code  11. Pursuant to the provisions of Sections 817,0502 and 817,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered discorring with with and accept the deglations of, Section 117,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered discorring with with and accept the deglations of, Section 117,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered discorring with with an adverse of the deglations of, Section 117,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered discorring with a degrated agent. I am section of directors. I hereby accept the appointment as registered discorring with with a degrated agent. I am section of directors. I hereby accept the appointment as registered discorring with a degrated agent. I am section of directors. I hereby accept the purpose of changing its registered discorring with a degrated agent. I am section of directors. I hereby accept the purpose of changing its registered discorring with a degrated agent. I am section of directors. I hereby accept the purpose of changing its registered discorring with a degrated agent. I am section of directors. I hereby accept the appointment as registered discorring with a degrated agent. I am section of directors. I hereby accept the appointment as registered agent. I am section and accept the purpose of changing its registered agent. I am section and accept the purpose of changing its registered agent. I am section and accept the purpose of changing its registered agent. I am section and accept the purpose	23			28								
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WALLACE, ROBERT J DR. 2641 - 1ST AVE. N. ST. PETERSBURG FL 33713  82  Street Ackiress (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 817,0002 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 eccept the appointment as registered agent. I am normalinal with, and acceptable of the oppointment of the purpose of changing its registered agent. I am normalinal with and acceptable of the oppointment as registered agent. I am normalinal with a property of directors. I hereby eccept the appointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment as registered agent. I am normalinal with a property of the oppointment agent agent agent. I am normalinal with a property of the oppointment agent age	24					30						
WALLACE, ROBERT J DR. 2841 - 1ST AVE. N. ST. PETERSBURG FL 33713  84		9. Name	and Address of Cu	rrent Regist	ered Agent				10. Name and Address of New R	egistered A	gent	
2841 - IST AVE. N. ST. PETERSBURG FL 33713  84						81	Nan	10				
SST. PETERSBURG FL 33713  83  84 Oity  FL 85 Zip Code  11. Pursuant to the provisions of Sections 817.0502 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 Florica. Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503. Provide Statutes.  SIGNATURE  SIGNATURE  P	WAL	LACE, ROBER	tjdr.			82	Stre	et Addres	ss (P.O. Box Number is Not Acceptab	اما		
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-memod corporation submits this statement for the purpose of changing its registered office formalism, and accept the obligations of Section 617,0503. Florida Statutes, the above-memod corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 617,0503. Florida Statutes.  SIGNATURE  Signature  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. INTILE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. STATUTE  WALLACE, ROBERT J.  13. STATUTE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. INTILE  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	264°	- IST AVE. N	<b>!.</b>			**	000	ot Addres	33 (1.0. DOX NUMBER IS NOT ACCEPTABLE	Ю		
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Genilar with agent, or door, in the state of Florida, Such carriery was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a quinter and complete or printed name of implement agent and the flaghtane. Spread or printed name of implement agent and agent a	<b>11.</b> Purs	uant to the provis	ions of Sections 617.0	502 and 617	.1508, Florida Statutes	, the above-	named	corporat	ion submits this statement for the num		ning its registered office	
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Signature, hyped or printed rams of registation   OrTic Registered Apart signature misqued when necessary   DATE			prime obligations or, s	section 617.0	503, Fiorida Statutes.							
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  WALLACE, ROBERT J.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  STRET ADDRESS  218 N 28TH AVE  STRET ADDRESS  218 N 28TH AVE  STRET ADDRESS  ST. PETERSBURG FL  14. CITY-ST-ZIP  14. CITY-ST-ZIP  14. CITY-ST-ZIP  ADAMS, ROBERTA J  12324 SUN VISTA CT  12324 SUN VISTA CT  12324 SUN VISTA CT  12324 SUN VISTA CT  1711E  D  DELETE  3 TILE  QOFF, NORMA  GOFF, NORMA  GOFF, NORMA  33 STREET ADDRESS  ST. PETERSBURG FL 33702  34. CITY-ST-ZIP  TITLE  D  D  DELETE  41 TITLE  D  CITY-ST-ZIP  ADAMS, ROBERTA J  STREET ADDRESS  ST. PETERSBURG FL 33702  34. CITY-ST-ZIP  ADAMS, ROBERTA J  STREET ADDRESS  ST. PETERSBURG FL 33702  34. CITY-ST-ZIP  ADAMS  ADAMS, ROBERTA J  STREET ADDRESS  ST. PETERSBURG FL 33702  34. CITY-ST-ZIP  ADAMS  ADAMS, ROBERTA J  STREET ADDRESS  ST. PETERSBURG FL 33702  34. CITY-ST-ZIP  ADAMS  ADAMS, ROBERTA J  STREET ADDRESS  ST. PETERSBURG FL 33702  34. CITY-ST-ZIP  ADAMS  ADAMS, ROBERTA J  STREET ADDRESS  ST. PETERSBURG FL 33702  34. CITY-ST-ZIP  ADAMS  ADAMS, ROBERTA J  STREET ADDRESS  ST. PETERSBURG FL 33702  ADAMS  ADAMS  ADAMS, ROBERTA J  STREET ADDRESS  ST. PETERSBURG FL 33702  ADAMS  ADAMS, ROBERTA J  STREET ADDRESS  ST. PETERSBURG FL 33704  ADAMS  ADAMS  ADAMS, ROBERTA J  STREET ADDRESS  ST. PETERSBURG FL 33704  ADAMS  ADAMS  ADAMS, ROBERTA J  STREET ADDRESS  ST. PETERSBURG FL 33704  ADAMS  ADAMS  ADAMS  ADAMS, ROBERTA J  STREET ADDRESS  ST. PETERSBURG FL 33704  ADAMS	SIGNATL		ov printed name of registered a	ment and title if an	olientia AOTE	Clasiclared Age	-1					
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CITY-ST-ZIP ST PETERSBURG FL  TITLE  NAME  WALSH, MATT  STREET ADDRESS  CITY-ST-ZIP  NELSON, BILLEY WILMA  STREET ADDRESS  2504 SUNSET WAY  ST. PETERSBURG FL  ALCITY-ST-ZIP  ALCITY-ST-ZIP  ST. PETERSBURG FL  AL								1				
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NAME STREET ADDRESS CITY-ST-ZIP NAME NELSON, BILLEY WILMA STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33706  52 NAME 52 NAME 52 NAME 52 NAME 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 54 NAME 64 CITY-ST-ZIP 55 NAME 65 STREET ADDRESS 66 CITY-ST-ZIP 66 CITY-ST-ZIP 67 NAME 68 STREET ADDRESS 68 CITY-ST-ZIP 68 NAME 69 NAME		ST PETE	RSBURG FL				T-ZIP	_\Հ⊁	Tete Beach, FL	- <i>33</i>	106	
STREET ADDRESS  CITY-ST-ZIP  GULFPORT FL  33707  DELETE  NAME  NELSON, BILLEY WILMA  STREET ADDRESS  238 AVE AVE AVE  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  ST. PETERSBURG FL 33706  6.4 CITY-ST-ZIP  6.5 STREET ADDRESS  6.4 CITY-ST-ZIP  6.7 STREET ADDRESS  6.5 STREET ADDRESS  6.6 CITY-ST-ZIP		T			☐ DELETE	51 TITLE		12	716		Change Addition	
CITY-ST-ZIP         GULFPORT FL         33707         5.4 city-st-zip         ST-Patricular         FL         33704           TITLE         D         DELETE         6.1 TiTLE         Change         Addition           NAME         NELSON, BILLEY WILMA         6.2 NAME         Caname           STREET ADDRESS         2504 SUNSET WAY         6.3 STREET ADDRESS           CITY-ST-ZIP         ST. PETERSBURG FL 33706         6.4 CITY-ST-ZIP	NAME					5.2 NAME		WA	allace Kobert,			
CITY-ST-ZIP GULFPORT FL 33704  TITLE D DELETE 6.1 TITLE  NAME NELSON, BILLEY WILMA  STREET ADDRESS 2504 SUNSET WAY  ST. PETERSBURG FL 33706  6.4 CITY-ST-ZIP  ST. PETERSBURG FL 33706	STREET ADDR			5~-~		5.3 STREET	ADDRES	21	8 28 th Ave N	- 1		
NAME NELSON, BILLEY WILMA  STREET ADDRESS CITY-ST-ZIP  NELSON, BILLEY WILMA  6.2 NAME  6.3 STREET ADDRESS  F. PETERSBURG FL 33706  6.4 CITY-ST-ZIP	CITY-ST-ZIP	GULFPO	RT FL ろ	5107		5.4 CITY-S	T-ZIP	_\ <b>\</b> `` +	- Petershue. I	ニレ	<i>3370</i> 4	
STREET ADDRESS 2504 SUNSET WAY 6.3 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33706 6.4 CITY-ST-ZIP	TITLE	D			DELETE	6.1 TITLE					Change Addition	
CITY-ST-ZIP ST. PETERSBURG FL 33706 64 CITY-ST-ZIP	NAME	NELSON	I, BILLEY WILMA			6.2 NAME			U			
	STREET ADDR	ESS 2504 SU	INSET WAY			6.3 STREET	ADDRES	;				
14 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exposition stated in Section 140 07/09/4 Factor 044 and 15						6.4 CITY-S	T-ZIP					
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 leval effect as if made under	14. I do h	ereby certify that	the information supplied	ed with this fil	ing is voluntarily furnish	ed and does	s not a	ualify for t	the exemption stated in Section 119.0	7(3)(k), Florid	a Statutes. I further	

4. 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 or block 13 or block 12 or block 13 or block 12 or block 13 or block 12 or block 12 or block 13 or block 12 or block 12 or block 13 or block 12 or block 12 or block 13 or block 12 or block 12 or block 13 or block 12 or block 13 or block 12 or block 12 or block 13 or block 12 or block 12 or block 13 or block 12 or block 12 or block 13 or block 12 or block 12 or block 12 or block 12 or block 13 or block 13 or block 12 or block 13 or block 13 or block 14 or block 14

SIGNATURE:

MATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/94 8/5-327-2969

R2E037 (12/95)