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FILED

Jun 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N49377 (7)

1. Corporation Name

FOR AIDS CARE TODAY, INC.



Principal Place of Business

Mailing Address

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

2641 - 1ST AVE. N.
ST. PETERSBURG FL 33713-6703

3. Date Incorporated or Qualified
06/15/1992

3a. Date of Last Report
04/30/1996

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

4. FEI Number

59-3128150

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, ROBERT J DR.
2641 - 1ST AVE. N.
ST. PETERSBURG FL 33713

81 Name KAREN ASKEY
82 Street Address (P.O. Box Number is Not Acceptable) 9749 86th Ave North
83
84 City ST PETERSBURG FL 85 Zip Code 33717

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 KAREN ASKEY, DIRECTOR Karen Askey 5-30-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GINIAT, GARY	
STREET ADDRESS	1247 13TH ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, ROBERTA J	
STREET ADDRESS	12324 SUN VISTA CT	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	PVP	<input type="checkbox"/> DELETE
NAME	GOFF, NORMA	
STREET ADDRESS	6550 17 ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCORMICK, TIM	
STREET ADDRESS	4401 37TH STR SO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALSH, MATT	
STREET ADDRESS	2232 SOUTH BEACH BLVD	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAY, AL	
STREET ADDRESS	6800 SUNSET WAY B-304	
CITY-ST-ZIP	ST PETE BEACH FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PVP/D
3.3 STREET ADDRESS	Goff, Norma
3.4 CITY-ST-ZIP	6550 17th St. N. St Petersburg, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	C/D
4.3 STREET ADDRESS	McCormick, Tim
4.4 CITY-ST-ZIP	4401 37th St S. St Petersburg
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T/D
5.3 STREET ADDRESS	Walsh, Matt
5.4 CITY-ST-ZIP	2232 South Beach Blvd
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert Wallace, MD
6.3 STREET ADDRESS	2699 1st Ave N.
6.4 CITY-ST-ZIP	St Petersburg FL 33713

14. I do 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 that of the corporation. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. If changed, or on an attachment with an address, appears in Block 12 or Block 13.

CR2E037 (9/96)