

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortherm</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49377 (7)**  
1. Corporation Name  
**FOR AIDS CARE TODAY, INC.**

Principal Place of Business <b>2641 - 1ST AVE. N. ST. PETERSBURG FL 33713</b>	Mailing Address <b>2641 - 1ST AVE. N. ST. PETERSBURG FL 33713</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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3. Date Incorporated or Qualified <b>06/15/1992</b>	4. FEI Number <b>59-3128150</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**ASKEY, KAREN  
9749 86TH AVE NORTH  
ST. PETERSBURG FL 33777**

10. Name and Address of New Registered Agent  
81. Name **MARY J. LABYAK, PRESIDENT**  
82. Street Address (P.O. Box Number Is Not Acceptable)  
**THE HOSPICE OF THE FLORIDA SUNCOAST**  
83. **300 EAST BAY DRIVE**  
84. City **LARGO** FL 85. Zip Code **33770**

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 617.0502, Florida Statutes.  
SIGNATURE **MARY J. LABYAK, PRESIDENT** DATE **Jan 30, 1998**

12. OFFICERS AND DIRECTORS

TITLE	<b>PVPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOFF, NORMA</b>	
STREET ADDRESS	<b>6550 17 ST. N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>CD</b>	<input checked="" 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>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALSH, MATT</b>	
STREET ADDRESS	<b>2232 SOUTH BEACH BLVD</b>	
CITY-ST-ZIP	<b>GULFPORT FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALLACE, ROBERT M</b>	
STREET ADDRESS	<b>2699 1ST AVE N</b>	
CITY-ST-ZIP	<b>ST PETE BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MARY LABYAK</b>	
1.3 STREET ADDRESS	<b>Hospice - 300 EAST BAY DR</b>	
1.4 CITY-ST-ZIP	<b>Largo, FL 33770</b>	
2.1 TITLE	<b>Chairman, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Dr. DAVID Ruby</b>	
2.3 STREET ADDRESS	<b>Hospice - 300 EAST BAY DR.</b>	
2.4 CITY-ST-ZIP	<b>Largo, FL 33770</b>	
3.1 TITLE	<b>Vice Chairman, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Marci Pruitt</b>	
3.3 STREET ADDRESS	<b>Hospice - 300 EAST BAY DR.</b>	
3.4 CITY-ST-ZIP	<b>Largo, FL 33770</b>	
4.1 TITLE	<b>Treasurer, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Scott Kistler</b>	
4.3 STREET ADDRESS	<b>Hospice - 300 EAST BAY DR.</b>	
4.4 CITY-ST-ZIP	<b>Largo, FL 33770</b>	
5.1 TITLE	<b>Secretary, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Patty Oldathie</b>	
5.3 STREET ADDRESS	<b>Hospice - 300 EAST BAY DR.</b>	
5.4 CITY-ST-ZIP	<b>Largo, FL 33770</b>	
6.1 TITLE	<b>Honorary Director, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Dr. Bob WALLACE</b>	
6.3 STREET ADDRESS	<b>2699 1st Ave N,</b>	
6.4 CITY-ST-ZIP	<b>St Petersburg, FL 33713</b>	

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, as an attachment with an address.

SIGNATURE: **MARY J. LABYAK** Jan. 30, 1998 (813) 586-4432

CP2E037 (10/97)