

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90011 045 *****8.75

03-17-1999 90011 046 *****61.25

DOCUMENT # N49377

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



2. Principal Place of Business

21 136 4th St North Suite 301

Suite, Apt. #, etc.

22 Suite 301

City & State

23 St Petersburg FL

Zip

24 33701

Country

25 Pinellas

2a. Mailing Address

26 300 East Bay Drive

Suite, Apt. #, etc.

27

City & State

28 Largo, FL

Zip

29 33770

Country

30 Pinellas

3. Date Incorporated or Qualified

06/15/1992

4. FEI Number

59-3128150

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XIX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LABYAK, MARY J
THE HOSPICE OF THE FLORIDA SUNCOAST
300 E BAY DR
LARGO FL 33770

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 MARY J. LABYAK, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

2/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	LABYAK, MARY	HOSPICE- 300 EAST BAY DR	LARGO FL 33770	<input type="checkbox"/>
CD	BOBY, DAVID D	HOSPICE- 300 EAST BAY DR	LARGO FL 33770	<input type="checkbox"/>
VCD	PRUITT, MARCI	HOSPICE- 300 EAST BAY DR	LARGO FL 33770	<input type="checkbox"/>
TD	KISTLER, SCOTT	HOSPICE- 300 EAST BAY DR	LARGO FL 33770	<input type="checkbox"/>
SD	OLDALLIE, BETTY	HOSPICE- 300 EAST BAY DR	LARGO FL 33770	<input type="checkbox"/>
DD	WALLACE, BOB D	2699 1ST AVE N	ST PETERSBURG FL 33713	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

BUBY

OLDANIE

2663 1st Ave N.
St Petersburg FL 33713

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:

MARY J. LABYAK, PRESIDENT

2/23/99

Date

727-588-2700

Daytime Phone #

CR2E037 (11/98)