

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49377

FILED
Jan 17, 2006
Secretary of State

Entity Name: FOR AIDS CARE TODAY, INC.

Current Principal Place of Business:

5771 ROOSEVELT BLVD.
CLEARWATER, FL 337503413

New Principal Place of Business:

Current Mailing Address:

5771 ROOSEVELT BLVD.
CLEARWATER, FL 337503413

New Mailing Address:

FEI Number: 59-3128150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LABYAK, MARY J
THE HOSPICE OF THE FLORIDA SUNCOAST
5771 ROOSEVELT BLVD
CLEARWATER, FL 337603413 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARY J LABYAK

01/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LABYAK, MARY
Address: HOSPICE- 300 EAST BAY DR
City-St-Zip: LARGO, FL 33770

Title: CD () Delete
Name: BUBY, DAVID D
Address: HOSPICE- 300 EAST BAY DR
City-St-Zip: LARGO, FL 33770

Title: S () Delete
Name: BELL, MICHAEL
Address: 300 EAST BAY DR
City-St-Zip: LARGO, FL 33770

Title: TD () Delete
Name: KISTLER, SCOTT
Address: HOSPICE- 300 EAST BAY DR
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LABYAK, MARY
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 337603413

Title: CD (X) Change () Addition
Name: BUBY, DAVID D
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 337603413

Title: S (X) Change () Addition
Name: BELL, MICHAEL
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 337603413

Title: TD (X) Change () Addition
Name: KISTLER, SCOTT
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 337603413

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY J LABYAK

P

01/17/2006

Electronic Signature of Signing Officer or Director

Date