FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N50912 (7)

1. Corporation Name
FLORIDA AIDS ACTION COUNCIL, INC.

Principal Place of Business	Mailing Address
1817 BAY WOOD DR. SARASOTA FL 34231	1817 BAY WOOD DR. SARASOTA FL 34231

3. Date Incorporated or Qualified: 09/17/1992
3a. Date of Last Report: 06/28/1995

2. Principal Place of Business
21: 1817 Baywood Dr.
22: Suite, Apt. #, etc.
23: City & State: Sarasota FL
24: Zip: 34231
25: Country: USA

2a. Mailing Address
26: 1817 Baywood Dr.
27: Suite, Apt. #, etc.
28: City & State: Sarasota FL
29: Zip: 34231
30: Country: USA

4. FEI Number: 65-0380952 ☐ 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

GRANNAN, JOHN
14550 BRUCE B. DOWNS BLVD.
SUITE 66
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name: John GRANNAN
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P UITENBOSCH, PETER 1817 BAYWOOD DR. SARASOTA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P Uitdenbosch, Peter	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S GRANNAN, JOHN 14550 BRUCE B. DOWNS BLVD., SUITE 66 TAMPA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Avendaño, Alberto 2121 N. Bayshore Rd. Miami, FL 33137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARONS, PUAL 1706 BEECH WOOD CIR. TALLAHASSEE FL 32301	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Arons, Paul	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T BUEL, RANDY 1420 NW 40TH TERR. GAINESVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Ferrer, Luigi 6700 SW 52nd St. Miami, FL 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUREY, AGNES 1929 RAIN VALLEY CIR. TALLAHASSEE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Decarte, Steve 725½ 8th St. N, Ste. 2 St. Petersburg, FL 33701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMURROUGH, ROB 529 NEAPOLITAN WAY NAPLES FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Leitch, Lisa P.O. Box 20951 N/A Bradenton, FL 34209	☐ Change ☒ Addition

CR2E037 (12/95)

14. 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 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-1-96 941-922-9286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #