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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N50912

(7)

FLORIDA AIDS ACTION FOUNDATION, INC.

FILED 98 OCT 20 PH 1:29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

, combination in containing into		
Principal Place of Business Mailing Address		
1817 BAYWOOD DR 1817 BAYWOOD DR		3. Date Incorporated or Qualified
SARASOTA FL 34231 SARASOTA FL 34231		09/17/1992
US US		4. FEI Number Applied For
On Maline Address		65-0380952   Not Applicable
2. Principal Place of Business 21 12490 NE THAVE #214 26 12490 N	1= Th Ave	5. Certificate of Status Desired See Required Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.	, _ , , , , ,	6. Election Campaign Financing \$5.00 May Be
27 # 214		Trust Fund Contribution
City & State  City & State  23 NO. Miami, Fl  28 No. Miami	vi, Pl	7. Is this nonprofit corporation a homeowners association?
Zip Country Zip	Country	8. This corporation owes or has paid the current year Intangible
	30 (/ )/	Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent
ODENIALE IOURS	[ ] Fl	ERRER, LUIGI
GRANNAN, JOHN 14550 BRUCE B. DOWNS BLVD.	82 Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE 66	83	00 52 M 31 MCC
TAMPA FL 33613		
		AMI FL 85 33755
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.		
agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.		
SIGNATURE WIGI FERRER 9/23/98		
Signal typed or writted name of registered agent and title if applicable. (NOTE  12. OFFICERS AND DIRECTORS	: Registered Agent signature require	ad when reinstalling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DP K DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME UITENBOSCH, PETER	1.2 NAME	arbara Gaynor 55 NE 34th Street (# 1503)
STREET ADDRESS 1817 BAYWOOD DR.	1.3 STREET ADDRESS 5	35 NE 34 th Street (# 1503)
CITY-ST-ZIP SARASOTA FL	1.4 CITY-ST-ZIP	Mani, Fl. 33137
TITLE D LA DELETE	2.1 TITLE D	Change Addition
NAME GRANNAN, JOHN	2.2 NAME R	ev. George McRae 706 NW 66th Streat
STREET ADDRESS 14550 BRUCE B. DOWNS BLVD., SUITE 66	2.3 STREET ADDRESS	706 NW 66Th Street
CITY-ST-ZIP TAMPA FL	2. 4 CITY-ST-ZIP	Wami, Pl. 33147
TITLE D X DELETE	3.1 TITLE P	avid Waldron Change HAddition
NAME ANDREWS, STANLEY B	5.2	20161 Midway Blvd.
STREET ADDRESS 9805 ALASKA CIRCLE	3.3 STREET ADDRESS	of Charletto El 33853
CITY-ST-ZIP BOCA RATON FL	3.4. CITY-ST-ZIP	Change Addition
NAME BROWN, RONALD R	<b>■</b>	alerie Mincey.
STREET ADDRESS 2629 W 10TH ST	4,3 STREET ADDRESS //	22- Harmon Ave.
CITY-ST-ZIP PANAMA CITY FL	1 1	anama City, Fl. 32401
TITLE D DELETE	5.1 TITLE	Change Addition
NAME AVENDANO, ALBERTO		
I WILL I WEIDHIO! VEDEIIIO	5.2 NAME	10000000752617
STREET ADDRESS 2121 N BAYSHORE RD	5.2 NAME 5.3 STREET ADDRESS	1000026752617 -10/29/9801005014
STREET ADDRESS 2121 N BAYSHORE RD CITY-ST-ZIP MIAMI FL	<b>3</b>	-10/29/9801005014
STREET ADDRESS 2121 N BAYSHORE RD CITY-ST-ZIP MIAMI FL TITLE D D DELETE	5.3 STREET ADDRESS	-10/29/9801005014
STREET ADDRESS 2121 N BAYSHORE RD  CITY-ST-ZIP MIAMI FL  TITLE D D DELETE  NAME FERRER, LUIGI	5.3 STREET ADORESS 5.4 CITY-ST-ZIP	-10/29/9801005014
STREET ADDRESS 2121 N BAYSHORE RD CITY-ST-ZIP MIAMI FL TITLE D D DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	-10/29/9801005014

Indicated on this annual report or supplied will una nimit does not quality for the exemption stated in Section 119-Up (3)(1), 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. (305)

SIGNATURE: