

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50912

FILED
Mar 03, 2006
Secretary of State

Entity Name: THE AIDS INSTITUTE, INC.

Current Principal Place of Business:

12901 BRUCE B. DOWNS BLVD
UNIVERSITY OF SOUTH FLORIDA - MDC 4146
TAMPA, FL 33612 US

Current Mailing Address:

PO BOX 16705
TAMPA, FL 33687 US

New Principal Place of Business:

17 DAVIS BOULEVARD,
SUITE 403
TAMPA, FL 33606 US

New Mailing Address:

17 DAVIS BOULEVARD
SUITE 403
TAMPA, FL 33606 US

FEI Number: 65-0380952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

A. GENE COPELLO
12901 BRUCE B DOWNS BLVD
UNIVERSITY OF SOUTH FLORIDA - MDC4146
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

A. GENE COPELLO
17 DAVIS BOULEVARD
SUITE 403
TAMPA, FL 33606 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:

03/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MERIDA, MARYLIN
Address: 13201 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612

Title: VP () Delete
Name: COHEN, MARC
Address: 800 WEST AVENUE, APT. 419
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: SIBERT, LEW
Address: 1199 SHIPWATCH CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: DOCKREY, DELORIS
Address: 2 WEAVER STREET, APARTMENT B4
City-St-Zip: SUMMITT, NJ 07901

Title: BM () Delete
Name: SCHUYLER, WILLIAM
Address: 505 WOLFE STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: BM () Delete
Name: RALIN, PETER L
Address: 700 WASHINGTON STREET, #1103
City-St-Zip: DENVER, CO 80203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MERIDA, MARYLIN
Address: 13201 BRUCE B. DOWNS BLVD.,
City-St-Zip: TAMPA, FL 33612

Title: VP (X) Change () Addition
Name: DOCKREY, DELORIS
Address: 2 WEAVER STREET, APT. B4
City-St-Zip: SUMMITT, NJ 07901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change () Addition
Name: WHITE-GINDER, JEANNE
Address: 9269 SILVER LAKE DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change () Addition
Name: VALLEJO, OCTAVIO DR.
Address: 5503 BRADNA DRIVE
City-St-Zip: LOS ANGELES, CA 90043

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: EXECUTIVE DIRECTOR/DR. A. GENE COPELLO

ED

03/03/2006

Electronic Signature of Signing Officer or Director

Date