

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000180

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE SOUTH BEACH AIDS PROJECT, INC.

Current Principal Place of Business:

1234 WASHINGTON AVENUE
SUITE 200
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1234 WASHINGTON AVENUE
SUITE 200
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0369350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, CHARLES W
1234 WASHINGTON AVENUE
SUITE 200
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JAMES, WILLIAM E CHAIR
Address: 1823 ADMIRALS WAY
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: C () Delete
Name: BOBO, ROBERT M COCHAIR
Address: 6474 ROYALWOODS DRIVE
City-St-Zip: FT. MYERS, FL 33908

Title: S () Delete
Name: CONCEPCION, LUIS V SEC
Address: 1645 SW 71ST PLACE
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: BLOKER, TANYA D TREASUR
Address: 10053 CYPRESS KNEE CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: LUGO, MICHELLE DIR
Address: 1172 NW 184 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ED () Delete
Name: MARTIN, CHARLES W ED
Address: 1764 NW 57TH STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: BOBO, ROBERT M COCHAIR
Address: 6474 ROYALWOODS DRIVE
City-St-Zip: FT. MYERS, FL 33908

Title: D (X) Change () Addition
Name: SLY, MARLON SEC
Address: 1500 OCEAN DRIVE, #907
City-St-Zip: MIAMI BEACH, FL 33139

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES W. MARTIN

ED

04/28/2009

Electronic Signature of Signing Officer or Director

Date