


3-17-98 B 3345 C  
FILE NOW: FILING FEE IS \$61.25

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Mar 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000178 (4)**

1. Corporation Name

**AIDS ACTION INTERNATIONAL, INC.**



Principal Place of Business <b>701 ORANGE AVENUE CLEARWATER FL 34616</b>	Mailing Address <b>701 ORANGE AVENUE CLEARWATER FL 34616</b>
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3. Date Incorporated or Qualified

**01/11/1993**

4. FEI Number

**59-3176991**

Applied For

Not Applicable

2. Principal Place of Business

**21 701 ORANGE AVENUE**

Suite, Apt. #, etc.

**22**

City & State

**23 CLEARWATER, FL**

Zip

**24 33756-5232**

Country

**25**

2a. Mailing Address

**26 701 ORANGE AVENUE**

Suite, Apt. #, etc.

**27**

City & State

**28 CLEARWATER, FL**

Zip

**29 33756-5232**

Country

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLINE, HARRY S  
400 CLEVELAND STREET  
SUITE 800  
CLEARWATER FL 34615**

81 Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>IRVING, DOUGLAS</b>	1.2 NAME	<b>CAROL M. DUNN</b>
STREET ADDRESS	<b>7 ROSERY LANE</b>	1.3 STREET ADDRESS	<b>2101 SUNSET POINT RD. #201</b>
CITY-ST-ZIP	<b>BELLEAIR FL</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33765</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KLINE, JOAN</b>	2.2 NAME	<b>RIDGE B. FREW</b>
STREET ADDRESS	<b>10297 MONARCH DRIVE</b>	2.3 STREET ADDRESS	<b>791 WILLOW CREEK DR.</b>
CITY-ST-ZIP	<b>LARGO FL</b>	2.4 CITY-ST-ZIP	<b>ATLANTA, GA 30328</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLT, BARBARA S</b>	3.2 NAME	<b>BARBARA S. SHRADER</b>
STREET ADDRESS	<b>2277 GLENMOOR RD S</b>	3.3 STREET ADDRESS	<b>1314 HILLSIDE DR.</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELTON, EDITH</b>	4.2 NAME	
STREET ADDRESS	<b>8 BELLEVIEW BLVD. APT. #602</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLVIEW FL 34616</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KESKNER, ALI M.D.</b>	5.2 NAME	
STREET ADDRESS	<b>14820 RUE DE BAYONNE, #403</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34622</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREW, RAND</b>	6.2 NAME	<b>RANDOLPH L. FREW</b>
STREET ADDRESS	<b>SUITE E-40, 332 BLEECKER STREET</b>	6.3 STREET ADDRESS	<b>332 BLEECKER ST., K-80,</b>
CITY-ST-ZIP	<b>NEW YORK NY 10014-2980</b>	6.4 CITY-ST-ZIP	<b>NEW YORK, NY 10014-2980</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Barbara S. Shrader*

*March 10, 1998 (813) 937-1694*

CR2E037 (10/97)