FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004094 (9)**

1. Corporation Name

COMMUNITY AIDS ADVOCATE PROJECT INC.

Principal Place of Business	Mailing Address
13 MARTIN LUTHER KING BLVD STUART FL 34994	13 MARTIN LUTHER KING BLVD. STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1993	3a. Date of Last Report: 06/22/1994
4. FEI Number: 65-0400124	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BEGLEY, KEITH A
2855 SW BRIGHTON WAY
PALM CITY FL 34990

10. Name and Address of New Registered Agent

31 Name: Keith A. Begley
32 Street Address (P.O. Box Number is Not Acceptable): 1867 NE Media Ave.
33:
34 City: Jensen Beach, FL 35 Zip Code: 34957

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Typed or Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	~~PD~~	1 TITLE	PD	☒ Change ☐ Addition
NAME	~~BEGLEY, KEITH A~~	2 NAME	Joseph R. Mastandrea	
STREET ADDRESS	~~2855 SW BRIGHTON WAY~~	3 STREET ADDRESS	901 N.W. Terrace Rd	
CITY ST ZIP	~~PALM CITY FL 34990~~	4 CITY ST ZIP	Stuart, Fl. 34994	
TITLE	~~TD~~	1 TITLE	SD	☒ Change ☐ Addition
NAME	~~LUPERINI, LARRY,~~	2 NAME	Louise Lombardi	
STREET ADDRESS	~~521 SE WALLACE TERRACE~~	3 STREET ADDRESS	2980 S.E. Dalhart Rd.	
CITY ST ZIP	~~PORT SAINT LUCIE FL 34983~~	4 CITY ST ZIP	Port St. Lucie, Fl. 34952	
TITLE	~~SD~~	1 TITLE	TD	☒ Change ☐ Addition
NAME	~~HOBSON, JOYCE N.,~~	2 NAME	Keith A. Begley	
STREET ADDRESS	~~1073 SW 24TH STREET~~	3 STREET ADDRESS	2855 SW Brighton Way	
CITY ST ZIP	~~PALM CITY FL 34990~~	4 CITY ST ZIP	Palm City, Fl. 34990	
TITLE		1 TITLE		☐ Change ☒ Addition
NAME		2 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY ST ZIP		4 CITY ST ZIP		
TITLE		1 TITLE		☐ Change ☐ Addition
NAME		2 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY ST ZIP		4 CITY ST ZIP		
TITLE		1 TITLE		☐ Change ☐ Addition
NAME		2 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY ST ZIP		4 CITY ST ZIP		

CHANGED BY BEN

14. I (I) 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)(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 this 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: Keith A. Begley — 4/26/95 — 334-0239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Keith A. Begley

000081