

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004094 (9)**

1. Corporation Name

**COMMUNITY AIDS ADVOCATE PROJECT INC.**



Principal Place of Business <b>607 SW ST LUCIE CRESCENT STUART FL 34994 US</b>	Mailing Address <b>607 SW ST LUCIE CRESCENT STUART FL 34994-2893 US</b>
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3. Date Incorporated or Qualified <b>09/07/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>	4. FEI Number <b>65-0400124</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASTANDREA, JOSEPH R  
901 NW TERRACE RD  
STUART FL 34994**

81 Name <b>Jane A. Lobell</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6533 SE Federal Highway #4</b>
83
84 City <b>Stuart</b>
85 Zip Code <b>FL 34997</b>

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 *Jane A. Lobell*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-26-97**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>MASTANDREA, JOSEPH R</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME <b>Lobell, Jane A.</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>6533 SE Federal Highway</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Stuart, FL 34997</b>	
TITLE <b>D</b>	<b>STIDD, KAREN</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME <b>MASTANDREA, JOSEPH R</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>901 NW TERRACE RD</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>STUART, FL 34994</b>	
TITLE <b>TD</b>	<b>STERENBERG, HAROLD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>Knapp, Kimberly</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>4614 SE Geneva Drive</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>STUART, FL 34997</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Luscher, Jeannie</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>2746 SW Thunderbird Tr.</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>STUART, FL 34997</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Bovic Marylou</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>3515 SW Aspen Place</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Palm City, FL 34990</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Jane A. Lobell* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/25/97**

Daytime Phone # 0071863

CR2E037 (9/96)