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

APPROVED AND FILED
95 FEB 27 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005112 (8)

1. Corporation Name
AIDS OF THE TREASURE COAST CORPORATION

Principal Place of Business	Mailing Address
6632 SPANISH LAKES BLVD. FT. PIERCE FL 34951-4433	6632 SPANISH LAKES BLVD. FT. PIERCE FL 34951-4433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1993
3a. Date of Last Report: 03/04/1994
4. FEI Number: 65-0454081 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	REEVES, LOREN	12 NAME	
STREET ADDRESS	6632 SPANISH LAKES BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34951-4433	14 CITY ST ZIP	
TITLE	DVT	21 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, LAVONNE	22 NAME	DT
STREET ADDRESS	1398 NORTH KINGS HIGHWAY	23 STREET ADDRESS	AMY YUCKA
CITY-ST-ZIP	FT. PIERCE FL 34947	24 CITY ST ZIP	13993 CEDRO COURT FORT PIERCE, FL. 34951
TITLE	DS	31 TITLE	☒ Change ☐ Addition
NAME	BRAGG, LUCILLE	32 NAME	DS
STREET ADDRESS	13961 CODORNO COURT	33 STREET ADDRESS	SUSAN FOLK
CITY-ST ZIP	FT. PIERCE FL 34951	34 CITY ST ZIP	6671 SPANISH LAKES BLV. FT. PIERCE, FL. 34951
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST ZIP		64 CITY ST ZIP	

14. I do 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 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: Loren Reeves LOREN REEVES Feb. 15TH 1995 407 461-3543
SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000787

BODS OF THE TREASURE COAST CORP.

MEMBERSHIP ROLL

NAME Loren Reeves
ADDRESS 6632 Spanish Lakes Boulevard, Fort Pierce, FL 34951-4433
TELEPHONE (407) 461-3943

NAME LaVonne Johnson
ADDRESS 1398 North Kings Highway, Fort Pierce, FL 34947
TELEPHONE (407) 464-8135 Resigned as of 11/08/94 due to illness in family.

NAME Lucille Bragg
ADDRESS 13981 Codorno Court, Fort Pierce, FL 34951
TELEPHONE (407) 466-2804 Resigned as of 6/14/94 due to conflict of day and time of our meetings.

NAME Susan Folk
ADDRESS 6671 Spanish Lakes Boulevard, Fort Pierce, FL 34951-4433
TELEPHONE (407) 465-6961
Appointed as of 6/14/94

NAME Amy Yucka
ADDRESS 13993 Cedro Court
TELEPHONE Fort Pierce, FL, 34951
(407) 467-2029 Appointed as of 11/08/94

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