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**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90014 001 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N93000005357**

1. Corporation Name

**GAINESVILLE AREA AIDS PROJECT, INC.**

Principal Place of Business

1027 A NW 4TH ST  
GAINESVILLE FL 32604  
US

Mailing Address

POST OFFICE BOX 12905  
GAINESVILLE FL 32604



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/19/1993

4. FEI Number

59-3219397

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

9. Name and Address of Current Registered Agent

**CURTIS, SIDNEY**  
**8401 NW 135TH ST STE 150**  
**GAINESVILLE FL 32653**

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 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERWANGER, TOM	
STREET ADDRESS	P O BOX 1141	
CITY-ST-ZIP	NEWBERRY FL 32669	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MIMS, KEVIN	
STREET ADDRESS	709 D SW 70TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32607	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KETCHUM, ELLISON	
STREET ADDRESS	5511 N.W. 31ST TERR	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, ROBERT B	
STREET ADDRESS	4220 NW 17 AVE.	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, IRENE	
STREET ADDRESS	4039 NW 8TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MIMS, KEVIN	
1.3 STREET ADDRESS	709 D SW 70TH TERR	
1.4 CITY-ST-ZIP	Gainesville, FL 32607	

2.1 TITLE	CURTIS, SIDNEY TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	8401 NW 135 ST STE 150	
2.4 CITY-ST-ZIP	Gainesville, FL 32653	

3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHNS, RUTH	
3.3 STREET ADDRESS	10101 N.W. 171 TRCE	
3.4 CITY-ST-ZIP	ALACHUA, FL 32615	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MILLER, ALLEN	
4.3 STREET ADDRESS	3324 W. UNIVERSITY AVE Box 295	
4.4 CITY-ST-ZIP	Gainesville, FL 32607	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WASSER, JOHN	
5.3 STREET ADDRESS	501 C NW 23 Ave Ste 192	
5.4 CITY-ST-ZIP	Gainesville, FL 32609	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Howland, Kim	
6.3 STREET ADDRESS	8401 NW 135 ST STE 150	
6.4 CITY-ST-ZIP	Gainesville, FL 32653	

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

352-375-1196

Daytime Phone #

CR2E037 (11/98)

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