

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000274 (0)

1. Corporation Name

HIV POSITIVE GUILT NEGATIVE INC.



Principal Place of Business

2914 BEACH BLVD. S.
GULFPORT FL 33737

Mailing Address

POST OFFICE BOX 5048
GULFPORT FL 33737

3. Date Incorporated or Qualified
01/10/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 2825 BEACH BLVD S.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 GULFPORT, FL

City & State

27 Suite, Apt. #, etc.

Zip

24 33707

Country

Zip

29

Country

30

4. FEI Number
59-3227808

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ NO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OATLEY, AMY
9991 53 AVE N
ST. PETERSBURG FL 33708

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 P
NAME OATLEY, AMY
STREET ADDRESS 991 53 AVE N
CITY-ST-ZIP ST PETERSBURG FL 33708

TITLE V
NAME PECORARO, CARMINE
STREET ADDRESS 1334 TAMPA RD UNIT 305
CITY-ST-ZIP PALM HARBOR FL

TITLE D
NAME CHASM, THOMAS
STREET ADDRESS 3435 9 ST NO
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE D
NAME LAWTON, LARRY
STREET ADDRESS 556 9 AVE N
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D
NAME ROBLING, DON
STREET ADDRESS 10387 CIRA MOYA LN
CITY-ST-ZIP SEMINOLE FL 34647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE D
1.2 NAME J. LATCH LEDING II
1.3 STREET ADDRESS 135-85TH AVE APT 1
1.4 CITY-ST-ZIP TREASURE ISLAND, FL 33706

2.1 TITLE D
2.2 NAME JUDY WRIGHT
2.3 STREET ADDRESS 1001 E. DRUID RD.
2.4 CITY-ST-ZIP CLERWATER, FL 34616

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMY OATLEY

4/30/96

813-323-4596

Date

Daytime Phone #

CR2E037 (12/95)