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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

**2825 BEACH FL
GULFPORT FL 33707
US**

**POST OFFICE BOX 5048
GULFPORT FL 33737**

3. Date Incorporated or Qualified

01/10/1994

4. FEI Number

59-3227808

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

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

☐ DELETE

TITLE **P**
NAME **OATLEY, AMY**
STREET ADDRESS **9991 53 AVE N**
CITY-ST-ZIP **ST PETERSBURG FL 33708**

TITLE **D**
NAME **KRANZ, PATRICK**
STREET ADDRESS **8734 GROVE TERR APT 168**
CITY-ST-ZIP **TEMPLE TERRACE FL**

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

TITLE **VD**
NAME **GUAY, RENA-PAULETTE**
STREET ADDRESS **526 6 ST N #7**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D**
NAME **WRIGHT, JUDY**
STREET ADDRESS **1001 E. DRUID RD.**
CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☒ Change ☐ Addition

1.2 NAME **KRANZ, PATRICK**
1.3 STREET ADDRESS **2162 COCO CT APT P6**
1.4 CITY-ST-ZIP **TAMPA FL 33604**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **NANCY MARKES**
2.3 STREET ADDRESS **6336 NEWTOWN CIR UNIT 4**
2.4 CITY-ST-ZIP **TAMPA, FL 33615**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **WILLIAM TRACY**
3.3 STREET ADDRESS **1917 E CLINTON AVE**
3.4 CITY-ST-ZIP **TAMPA, FL 33610**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

4/27/98 813-384-8205

CR2E037 (10/97)