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 #	N94000001995	(9)
Corporation Name		(·)

CHILDREN AIDS NETWORK NATIONAL, INC.

Of HEDITE:	11 7100 112111 01111 111110				
Principal Place of	of Business	Mailing Address		1 1991(191 SIN 1811) WING TOLLY 4819 GAN	. Sālis daļas ilais ialis iājā; aļis isāl
3015 N. OCEAN SUITE 109		3015 N. OCEAN BLVD. SUITE 109 FT, LAUDERDALE FL 333	no		
FT. LAUDERDALE FL 33308 FT. LAUDERDALI		FI, LAUDENDALE FE 350		3. Date Incorporated or Qualified 04/20/1994	3a. Date of Lest Report 12/27/1995
2. Principal Place	ce of Business	2a. Mailing Address		4. FEI Number 65-0484404	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30	110100 0101010	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
MARGATE	H STATE ROAD 7 FL 33068		84 City	1Arga-le	FL 85 Zip Code 33068
11. Pursuant to or registere familiar with SIGNATURE	o the provisions of Sections 617.0502 ed agent, or both in the State of Flork in and accept the obligations of, Sect	oa. Such change was aund hi Inn 617 0503, Florida Statuter	Sec by the corporation is to	oration submits this statement for the purp ard of directors. I hereby accept the appoint	ntment as registered agent. I am
SIGNATURB _	Signature, liped or printed name of registered agent		OTE: Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CEOS AND DIRECTORS IN 12
12.	OFFICERS ANI		13.	Alex Fernandez	Change Standition
TITLE	PTD DECEMBE	DELETE	1.1 TITLE	HIEX FER HANDES	DERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 Change Maddition Color of the thirty of the thi
NAME	STEWART, DENNIS		1.2 NAME 1.3 STREET ADDRESS	3015 N. Ocean BI.	2, Suite # 109
STREET ADDRESS	630 S. STATE ROAD 7 MARGATE FL 33068		1.4 City-St-ZiP	Ft Landerdole &	1. 3330R
CITY-ST-ZIP TITLÉ	SD	DELETE	2.1 TITLE	Ft. LAnderdale, &	12 3 Maile Lindonon I
NAME	MODRECK, GEORGIA	_	2.2 NAME	Modreck, Georgia	2150
STREET ADDRESS	3015 N. OCEAN BLVD. #109		2.3 STREET ADDRESS	Modreck, Georgia Hud # 109 3015 N. Ocean Blud # 109	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2. 4 CHTY-ST-ZIP	Ft. LAndardale, Fl.	23308
TITLE	D	DELETE	2.1 7171 5	John Stuart Erbo	Fact Change Bat Addition
NAME	DEUTSCH, LORI	•	3.2 NAME	3015 N. Outh BIU	<u>```</u> ^\$
STREET ADDRESS	3015 N. OCEAN BLVD. #109		3.3 STREET ADDRESS	\$ 615 10. 00 AK 1510	3.2.2.3 (A)
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	- Constant	3.4. CITY-ST-ZIP	Ft. LAndrable, Fl. Executive Director	Change Addition
TITLE		DELETE			
NAME			4. 2 NAME	John 1s. Wright 3015 N. Ocean Blud	,,Sinte#109
STREET ADDRESS			4.3 STREET ADDRESS	Ft. LAnderdale, Fl	. 33308
CITY-ST-ZIP		DELETE	4.4 C(TY-ST-Z)P 5.1 TITLE		Change Addition
TITLE		Doctor	5.2 NAME		
NAME OTREET ADDRESS			5.3 STREET ADDRESS		ļ
STREET ADDRESS			5.4 CiTY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
14. I do herek	by certify that the information supplied at the information indicated on this and I am an officer of director of the corp in Block 12 or Block 13 if changed, or	with this filing is voluntarily fund report or supplemental are portion of the receiver or trust on an attachment with an ad-	rnished and does not qualifunual report is true and accided empowered to execute dress	y for the exemption stated in Section 119, urate and that my signature shall have the this report as required by Chapter 617, Fi	or (Jyk), Florica Statutes. I further same legal effect as if made under prida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR