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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001995 (9)**
1. Corporation Name

CHILDRENS AIDS NETWORK NATIONAL, INC.



Principal Place of Business 3015 N. OCEAN BLVD. SUITE 109 FT. LAUDERDALE FL 33308	Mailing Address 3015 N. OCEAN BLVD. SUITE 109 FT. LAUDERDALE FL 33308
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3. Date Incorporated or Qualified

04/20/1994

4. FEI Number

65-0484404

Applied For
Not Applicable

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

**WRIGHT, JOHN B
6301 SW 3RD ST
MARGATE FL 33068**

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	<input type="checkbox"/> DELETE
NAME	EATON, MICHAEL C	
STREET ADDRESS	3015 N. OCEAN BLVD., STE 109	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MODRECK, GEORGIA	
STREET ADDRESS	3015 N. OCEAN BLVD. #109	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ERBELING, JOHN S.	
STREET ADDRESS	3015 N. OCEAN BLVD. #109	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, JOHN B.	
STREET ADDRESS	3015 N OCEAN BLVD, STE 109	
CITY-ST-ZIP	FT LAUDERDALE FL	

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

John B. Wright

4-22-98 954-130-0444

CP2E037 (10/97)