


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90241 022 \*\*\*\*61.25

<b>DOCUMENT # N94000002895</b>	
1. Entity Name <b>CHARLOTTE HIV/AIDS PEOPLE SUPPORT, INC.</b>	

Principal Place of Business <b>18200 PAULSON DRIVE UNIT A1-2 PORT CHARLOTTE, FL 33954</b>	Mailing Address <b>18200 PAULSON DRIVE UNIT A1-2 PORT CHARLOTTE, FL 33954</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03212007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>65-0498294</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>CHARLES, KENNETH 4228 CHIFFON LANE NORTH PORT, FL 34287</b>	

7. Name and Address of New Registered Agent	
Name <b>LORI RIVERA</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2616 Wurtsmith Lane</b>	
City <b>North Port</b>	
State <b>FL</b>	Zip Code <b>34287</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <i>Lori Rivera</i>	(NOTE: Registered Agent signature required when reinstating)	DATE <b>MARCH 24, 2007</b>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES CHARLES, KENNETH 4228 CHIFFON LANE NORTH PORT, FL 342873251</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GARDNER, LEE 1360 INVERNESS ST PORT CHARLOTTE, FL 339521920</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BELKNAP, CHUCK 9 PAR VIEW PL ROTONDA WEST, FL 339471814</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LYNCH, CHARLES 7900 MEADOW RUSH LOOP SARASOTA, FL 34238</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCLEAN, HOWARD 4228 CHIFFON LANE NORTH PORT, FL 34287</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCOTTO, VINCENT 401 HENRY STREET PUNTA GORDA, FL 33950</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. LORI RIVERA 2616 Wurtsmith Lane North Port, FL 34287</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP - Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RON HERBON 1360 INVERNESS ST, Port Charlotte, FL 33952-1920</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jeanne A. Frost 2765 MAURITANIA RD. Punta Gorda, FL 33983</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Lori Rivera</i>	<b>LORI RIVERA PRESIDENT MARCH 24, 2007</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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321-  
6211