

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002895

FILED
Apr 25, 2009
Secretary of State

Entity Name: CHARLOTTE HIV/AIDS PEOPLE SUPPORT, INC.

Current Principal Place of Business:

18200 PAULSON DRIVE
UNIT A1-2
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

18200 PAULSON DRIVE
UNIT A1-2
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 65-0498294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, LORI
2616 WURTSMITH LANE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: RIVERA, LORI
Address: 2616 WURTSMITH LANE
City-St-Zip: NORTH PORT, FL 342873251

Title: VP () Delete
Name: GARDNER, LEE
Address: 1360 INVERNESS ST
City-St-Zip: PORT CHARLOTTE, FL 339521920

Title: S () Delete
Name: HERBON, RON
Address: 1360 INVERNESS ST.
City-St-Zip: PORT CHARLOTTE, FL 339521920

Title: T () Delete
Name: GIBSON, YVONNE
Address: 5245 ENSLEY TERRACE
City-St-Zip: NORTH PORT, FL 34288

Title: D () Delete
Name: FROST, JEANNE A
Address: 2765 MAUTITANIA RD.
City-St-Zip: PUNTA GORDA, FL 33983

Title: D (X) Delete
Name: SCOTTO, VINCENT
Address: 401 HENRY STREET
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CHICK, MERCIE
Address: 5245 ENSLEY TERRACE
City-St-Zip: NORTH PORT, FL 34288

Title: S (X) Change () Addition
Name: HATCH, LINDA D
Address: 2616 WURTSMITH LANE
City-St-Zip: NORTH PORT, FL 342873251

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE A GIBSON

T

04/25/2009

Electronic Signature of Signing Officer or Director

Date