

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 # N94000005823 (9)

1. Corporation Name

THE AIDS RESOURCE ALLIANCE FOUNDATION, INC.



Principal Place of Business

Mailing Address

701 E SOUTH ST
#303
ORLANDO FL 32801
US

C/O JOHN LAWLER
1129 HAWKES AVE.
ORLANDO FL 32809

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 701 E South St

26 701 E South St

4. FEI Number

59-3281800

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Orlando FL

27

City & State

City & State Orlando FL

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32801

25 Orange

29 32801

30 Orange

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COCKRELL, JACQUE
9122 PRISTINE CIRCLE
ORLANDO FL 32818

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 D
NAME LAWLER, JOHN
STREET ADDRESS 1129 HAWKES AVE.
CITY-ST-ZIP ORLANDO FL 32809

TITLE D
NAME PRADO, NANSUE
STREET ADDRESS 1476 SHADWELL CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D
NAME FLEENER, BOB
STREET ADDRESS 413 CINNAMON OAK CT.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D
NAME COCKRELL, JACQUE
STREET ADDRESS 9122 PRISTINE CIR
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME LIZ DESALTO
STREET ADDRESS 7501 BARRYWOOD CIR
CITY-ST-ZIP WINTER PARK FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME H. LAWLER, JR.
1.3 STREET ADDRESS 4040 S HAWKES PLANE RD.
1.4 CITY-ST-ZIP ORLANDO, FL 32839-1301

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)