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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005823 (9)**

1. Corporation Name

THE AIDS RESOURCE ALLIANCE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**701 E SOUTH ST
ORLANDO FL 32801
US**

**701 E SOUTH ST
ORLANDO FL 32801-2910
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/28/1994		3a. Date of Last Report 06/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3281800		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DEBIE PRINZ
NAME	LAWLER, JOHN	1.2 NAME	SIM BOONE
STREET ADDRESS	4050 SHAKESPEARE RD	1.3 STREET ADDRESS	23 E. VANDEBILT AV
CITY-ST-ZIP	ORLANDO FL 32839-7537	1.4 CITY-ST-ZIP	ORLANDO FL 32804
TITLE	D	2.1 TITLE	DEBBIE PRINZ
NAME	PRADO, NANSUE	2.2 NAME	1074 CORKWOOD DR.
STREET ADDRESS	1476 SHADWELL CIRCLE	2.3 STREET ADDRESS	OVIEDO FL 32760
CITY-ST-ZIP	LAKE MARY FL 32746	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	HUGH TAYLOR
NAME	FLEENER, BOB	3.2 NAME	125 S. SWOODE AV #109
STREET ADDRESS	413 CINNAMON OAK CT.	3.3 STREET ADDRESS	MAITLAND FL 32751
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	800002186348
NAME	COCKRELL, JACQUE	4.2 NAME	-05/21/97--01047--001
STREET ADDRESS	9122 PRISTINE CIR	4.3 STREET ADDRESS	***122.50
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	PRESIDENT	5.1 TITLE	
NAME	DESALTO, LIZ	5.2 NAME	
STREET ADDRESS	7501 BRANDYWOOD CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	JOHN KUCK
NAME		6.2 NAME	2147 WHITFIELD LN.
STREET ADDRESS		6.3 STREET ADDRESS	ORLANDO FL 32835
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 Kuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97
Date

407-884-2233
Daytime Phone # 0015882

CR2E037 (9/96)