

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ORLANDO FL 32801 US	701 E SOUTH ST ORLANDO FL 32801 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
11/28/1994
4. FEI Number
59-3281800
Applied For
Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
COCKRELL, JACQUE 9122 PRISTINE CIRCLE ORLANDO FL 32818

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BOONE, JIM
STREET ADDRESS	23 E. VANDERBILT AVENUE
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	<input type="checkbox"/> DELETE
NAME	D PRINZ, DEBBIE
STREET ADDRESS	1072 CORKWOOD DRIVE
CITY-ST-ZIP	OVIEDO FL 32760
TITLE	<input type="checkbox"/> DELETE
NAME	D TREES, HUGH
STREET ADDRESS	125 S. SWOOPE AVENUE #109
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D COCKRELL, JACQUE
STREET ADDRESS	9122 PRISTINE CIR
CITY-ST-ZIP	ORLANDO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D DESALTO, LIZ
STREET ADDRESS	7501 BRANDYWOOD CIR
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D KUCIK, JOHN
STREET ADDRESS	2147 WHITFIELD LANE
CITY-ST-ZIP	ORLANDO FL 328

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DPE
1.3 STREET ADDRESS	CLAUDE, VINCE
1.4 CITY-ST-ZIP	5337 OLD OAK TREE DRIVE
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	O'BRIEN, TIM
2.4 CITY-ST-ZIP	1023 CALIFORNIA CREEK DR.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	SHERWOOD, BOB
3.4 CITY-ST-ZIP	141 E. COPELAND DRIVE
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	RUETER, STEVE
4.4 CITY-ST-ZIP	162 SPRING CHASE CIRCLE
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	REYNOLDS, SUYREA
5.4 CITY-ST-ZIP	21153 REINDEER ROAD
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	CHRISTMAS, FL 32709
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)(f), 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: Caroline Gertz Executive Director 02-09-98 (407) 894-2233

CR2E037 (10/97)