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**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90022 028 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000005823**

1. Corporation Name

**THE AIDS RESOURCE ALLIANCE FOUNDATION, INC.**

Principal Place of Business

701 E SOUTH ST  
ORLANDO FL 32801  
US

Mailing Address

701 E SOUTH ST  
ORLANDO FL 32801  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

59-3281800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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

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 ☐ DELETE

NAME **DPE**  
**CLAUDE, VINCE**  
STREET ADDRESS **5337 OLD OAK TRE DR**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ DELETE

NAME **PD**  
**O'BRIEN, TIM**  
STREET ADDRESS **1023 CALIFORNIA CREEK DR**  
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ DELETE

NAME **D**  
**SHERWOOD, BOB**  
STREET ADDRESS **141 E COPELAND DR**  
CITY-ST-ZIP **ORLANDO FL 3280**

TITLE ☐ DELETE

NAME **TD**  
**RUETER, STEVE**  
STREET ADDRESS **162 SPRING CHASE CIR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 3281**

TITLE ☐ DELETE

NAME **D**  
**REYNOLDS, SUYREA**  
STREET ADDRESS **21153 REINDEER RD**  
CITY-ST-ZIP **CHRISTMAS FL 3270**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **CLAUDE, VINCE**  
1.3 STREET ADDRESS **5337 Old Oak Tree Drive**  
1.4 CITY-ST-ZIP **Orlando, FL 32808**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **O'BRIEN, TIM**  
2.3 STREET ADDRESS **1023 California Creek Drive**  
2.4 CITY-ST-ZIP **Oviedo, FL 32765**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **SD**  
**SHERWOOD, BOB**  
3.3 STREET ADDRESS **141 E. Copeland Drive**  
3.4 CITY-ST-ZIP **Orlando, FL 32806**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **PD**  
**RUETER, STEVE**  
4.3 STREET ADDRESS **162 Spring Chase Circle**  
4.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **TD**  
**REYNOLDS, SUYREA**  
5.3 STREET ADDRESS **21153 Reindeer Road**  
5.4 CITY-ST-ZIP **Christmas, FL 32709**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **DPE**  
**PRINZ, DEBBIE**  
6.3 STREET ADDRESS **601 E. Rollins Street**  
6.4 CITY-ST-ZIP **Orlando, FL 32803**

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

04-01-99

(407) 894-2233

Date

Daytime Phone #

0010454

CR2E037 (11/98)