2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# N95000002445

Entity Name: AIDS RESOURCE COUNCIL OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

3677 CENTRAL AVENUE
SUITE C
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3677 CENTRAL AVENUE
SUITE C
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 65-0581985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOBO, ROBERT M
6474 ROYALWOODS DR
FORT MYERS, FL 33908 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: T/D ( ) Delete
Name: WILLIAMS, PERDE
Address: 2732 MICHIGAN AVENUE
City-St-Zip: FORT MYERS, FL 33916

Title: VD ( ) Delete
Name: KAYE, DONNA
Address: 2133 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

Title: SD ( ) Delete
Name: STKINSON, KENDALL S III
Address: 2774 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33901

Title: PD ( ) Delete
Name: KUSHNER, STEVEN P.,, ESQ.
Address: 1375 JACKSON STREET
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: ATKINSON, KENDALL S III
Address: 2774 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33901

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PERDE WILLIAMS T/D 01/12/2004

Electronic Signature of Signing Officer or Director — Date