

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000002445

FILED
Oct 31, 2007
Secretary of State

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:

3677 CENTRAL AVENUE
SUITE B
FORT MYERS, FL 33901

Current Mailing Address:

3677 CENTRAL AVENUE
SUITE C
FORT MYERS, FL 33901 US

New Mailing Address:

3677 CENTRAL AVENUE
SUITE B
FORT MYERS, FL 33901 US

FEI Number: 65-0581985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAYE, DONNA
2936 VALENCIA WAY
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

STU, SILVER
602 CENTER ROAD
FORT MYERS, FL 33907 US

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: STU SILVER

10/31/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TBOD () Delete
Name: WILLIAMS, PERDE
Address: 2732 MICHIGAN AVENUE
City-St-Zip: FORT MYERS, FL 33916

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

Title: PBOD () Delete
Name: GIVENS, EARL JR
Address: 12407 DAVIS BLVD
City-St-Zip: FORT MYERS, FL 33905

Title: SBOD (X) Delete
Name: SNYDER, LYNETTE K
Address: 233 VERMONT WAY
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VBOD (X) Change () Addition
Name: DANSBY, NORMA
Address: 6650 IDLEWILD STREET
City-St-Zip: FORT MYERS, FL 33966

Title: SBOD (X) Change () Addition
Name: GIVENS, EARL JR
Address: 12407 DAVIS BLVD
City-St-Zip: FORT MYERS, FL 33905

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STU SILVER

RA

10/31/2007

Electronic Signature of Signing Officer or Director

Date