2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N95000002445

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

Current Principal Place of Business:

3677 CENTRAL AVENUE
SUITE B
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3677 CENTRAL AVENUE
SUITE B
FORT MYERS, FL 33901 US

New Mailing Address:

PO BOX 7043
FORT MYERS, FL 33911 US

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SILVER, STU
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 01/28/2009
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: DANSBY, NORMA
Address: 6650 IDLEWILD STREET
City-St-Zip: FORT MYERS, FL 33966

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: PBOD ( ) Change (X) Addition
Name: SILVER, STUART
Address: 602 CENTER ROAD
City-St-Zip: FORT MYERS, FL 33907

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 PBOD 01/28/2009
Electronic Signature of Signing Officer or Director Date