

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002445

FILED  
May 11, 2010  
Secretary of State

**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:**

PO BOX 7043  
FORT MYERS, FL 33911 US

**New Mailing Address:**

**FEI Number:** 65-0581985      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

**Title:** VBOD  
**Name:** DANSBY, NORMA  
**Address:** 6650 IDLEWILD STREET  
**City-St-Zip:** FORT MYERS, FL 33966

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

**Title:** PBOD  
**Name:** SILVER, STUART  
**Address:** 602 CENTER ROAD  
**City-St-Zip:** FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: GIL AUGUST

DIR

05/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date