

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002445

FILED
Mar 26, 2012
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:

3677 CENTRAL AVENUE
SUITE B
FORT MYERS, FL 33901

FEI Number: 65-0581985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IDELSON, LINDA
3677 CENTRAL AVE
SUITE B
FORT MYERS, FL 33901 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: PBOD
Name: IDELSON, LINDA
Address: 3677 CENTRAL AVE SUITE B
City-St-Zip: FORT MYERS, FL 33901

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: BOD
Name: SHERYL, WEISINGER
Address: 3677 CENTRAL AVE SUITE B
City-St-Zip: FORT MYERS, FL 33901

Title: BOD
Name: DARRYL, POTTORF
Address: 3677 CENTRAL AVE SUITE B
City-St-Zip: FORT MYERS, FL 33901

Title: BOD
Name: MARK, PACE
Address: 3677 CENTRAL AVE SUITE B
City-St-Zip: FORT MYERS, FL 33901

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: LINDA FREEMAN IDELSON

PRES

03/26/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date