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FILED

May 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002793 (6)

1. Corporation Name

HIV/AIDS TREATMENT AND WELLNESS CENTER, INCORPORATED

Principal Place of Business

Mailing Address

5003 SHARPCROFT COURT
TAMPA FL 33610

P.O. BOX 11831
TAMPA FL 33680-1831



2. Principal Place of Business

2a. Mailing Address

21 109 W. Columbus Dr
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa FL

28

24 33602

Country

29

Country

30

3. Date Incorporated or Qualified
06/06/1995

3a. Date of Last Report
05/01/1996

4. FEI Number 593323356
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, AUSTIN
5003 SHARPCROFT COURT
TAMPA FL 33610

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Austin Phillips Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

3/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME PHILLIPS, AUSTIN
STREET ADDRESS 5003 SHARPCROFT COURT
CITY-ST-ZIP TAMPA FL 33610

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME CRAIG, SHAWAYNE
STREET ADDRESS 1408 PINEHILL ST.
CITY-ST-ZIP TAMPA FL 33617

1.2 NAME ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME LEWIS, CARLTON JR.
STREET ADDRESS 9510 LETTERSTONE CT.
CITY-ST-ZIP TAMPA FL 33615

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME MITCHELL, MOZELLA
STREET ADDRESS 2801 KINGS AVENUE
CITY-ST-ZIP BRANDON FL 33511

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Austin Phillips

3/10/97 015-3076345

CR2E037 (9/96)