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FILED
May 20 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 # N95000003474 (2)

1. Corporation Name

AIDS EDUCATION 2000, INC.

Principal Place of Business
4000 HEATH CIRCLE SOUTH
WEST PALM BEACH FL 33407

Mailing Address
P O BOX 10582
RIVIERA BEACH FL 33419-0582



3. Date Incorporated or Qualified
07/24/1995

3a. Date of Last Report
09/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
55-4782003

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

DEL SOSA, LORETTA
347 WEST 29TH STREET
RIVIERA BEACH FL 33404

81 Name LORETTA DEL SOSA
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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME ROBINSON, DOLORES
STREET ADDRESS 867 AZALEA DRIVE
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE T ☒ DELETE
NAME ~~MCGEE, LISA~~
STREET ADDRESS ~~840 45TH STREET~~
CITY-ST-ZIP ~~WEST PALM BEACH FL 33401~~

TITLE T ☐ DELETE
NAME LEWIS, LECIA
STREET ADDRESS 4000 HEATH CIRCLE-SOUTH
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE T ☐ DELETE
NAME TOVEGGS, LULA
STREET ADDRESS 7944 PARKWAY
CITY-ST-ZIP ANCHORAGE AK 99504

TITLE T ☐ DELETE
NAME TAYLOR, JR., KERMOND L
STREET ADDRESS 825 BRIARWOOD AVE., #2
CITY-ST-ZIP BRIDGEPORT CT 06604

TITLE T ☐ DELETE
NAME LOFTON, LINDA P
STREET ADDRESS 10200 LAHACIENDA BLVD. A3
CITY-ST-ZIP FOUNTAIN VALLEY CA 92708

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)