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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 29 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003474**

1. Corporation Name
AIDS EDUCATION 2000, INC.

Principal Place of Business	Mailing Address
~~347 29TH STREET W~~ ~~RIVIERA BEACH FL 33404~~ ~~US~~ 6226 LAURELTON AVE STE F-1 BALTIMORE, MD 21214	~~P O BOX 41543~~ ~~RIVIERA BEACH FL 33419-0543~~ BALTIMORE, MD 21203-0543

11/30/99 900060128 $70.00

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 6226 LAURELTON AVE	26 P.O. BOX 41543	07/24/1995
22 Suite, Apt. #, etc. F-1	27 Suite, Apt. #, etc.	4. FEI Number 55-4782003 ☐ Applied For ☐ Not Applicable
23 City & State BALTIMORE, MD	28 City & State BALTIMORE, MD	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 21214 25 Country BALTIMORE	29 Zip 21203 30 Country BALTIMORE	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~TAYLOR, KERMOND~~ ~~347 W 29TH ST~~ 419 ROWAYTON AVE, STE 303 ~~RIVIERA BEACH FL 33404~~ NORWALK, CT 06854 2418 NW 81ST TERR MIAMI, FL 33147	81 Name BEVERLY WILLIAMS 82 Street Address (P.O. Box Number is Not Acceptable) 2418 NW 81 ST TERR 83 MIAMI, FL 33147 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 Beverly Williams Kermond L. Taylor, Jr. 11/15/99
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, MELISSA	1.2 NAME	
STREET ADDRESS	1301 NW 51ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	1.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, BEVERLY	2.2 NAME	
STREET ADDRESS	2418 NW 81ST TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TOVEGGS, LULA	3.2 NAME	
STREET ADDRESS	7944 PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANCHORAGE AK 99504	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE T	☒ Change ☐ Addition
NAME	TAYLOR, JR., KERMOND L	4.2 NAME TAYLOR, JR., KERMOND L.	
STREET ADDRESS	~~825 BRIARWOOD AVE., #2~~	4.3 STREET ADDRESS 419 ROWAYTON AVE, STE 303	
CITY-ST-ZIP	~~BRIDGEPORT CT 06604~~	4.4 CITY-ST-ZIP NORWALK, CT 06854	
TITLE	T ☒ DELETE	5.1 TITLE CEO	☐ Change ☒ Addition
NAME	LOFTON, LINDA P	5.2 NAME LORETTA del SOSA	
STREET ADDRESS	10200 LAHACIENDA BLVD. A3	5.3 STREET ADDRESS 6226 LAURELTON AVE, STE F-1	
CITY-ST-ZIP	FOUNTAIN VALLEY CA 92708	5.4 CITY-ST-ZIP BALTIMORE, MD 21214	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME TS	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: LORETTA del SOSA Loretta del Sosa 10/20/99 440/637-5471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)