

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003624 (2)
1. Corporation Name

PEOPLE OF COLOR AIDS COALITION MANATEE, INC.

Principal Place of Business

621 13TH AVE E
BRADENTON FL 34208

Mailing Address

621 13TH AVE E
BRADENTON FL 34208

3. Date Incorporated or Qualified 07/31/1995 3a. Date of Last Report

2. Principal Place of Business

21 236 M.L. King Jr. Ave. W.
Suite, Apt. #, etc.

2a. Mailing Address

26 236 M.L. KING AVE. W.
Suite, Apt. #, etc.

4. FEI Number 65-0596093 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

23 Bradenton, FL.
Zip Country

27 City & State

28 BRADENTON, FL.
Zip Country

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

24 34205

25 Manatee

29 34205

30 MANATEE

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DUNLAP, ROBERT
621 13TH AVE E
BRADENTON FL 34208

81 Name

ROBERT DUNLAP

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

236 M.L. King Jr. Ave. W.

83

84 City

BRADENTON,

FL

85 Zip Code

34205

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

08/12/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
President	Ralph Raphael Allen	PO Box 2358	BRADENTON, FL. 34208	<input checked="" type="checkbox"/>
Vice President	Carl DeVine	200 3rd Ave. South	Saint Peterburg, FL. 33701	<input checked="" type="checkbox"/>
Secretary-Treasurer	Doretha Pratt	3020 9th Ave. Dr. E.	Palmetto FL. 34221	<input checked="" type="checkbox"/>
Chaplin	Rev. Jame T. Golden	1005 5th St. W.	Bradenton, FL. 34208	<input checked="" type="checkbox"/>
Executive Director	Robert Dunlap	621 13th Ave. E.	Bradenton, FL. 34208	<input type="checkbox"/>
Ass't Director	Wendall Martin	5802 8th St. Ct. E.	Bradenton, FL. 34203	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
1.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

BANK NATIONS BANK
P.O. BOX 31590
TAMPA, FL. 33631-3590

\$BANK 7-23-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder for trustee empowered to execute this report as required by Chapter 617, Florida Statutes, or that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE: Robert Dunlap
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/96

Daytime Phone #

0014257