FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

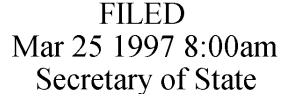
DOCUMENT #

N95000004100 (2)

THE AIDS MEMORIAL MONUMENT FOUNDATION, INC.

Principal Place of Business

Mailing Address





Time partition of business				Maning Madress									
1205 CHELSEA PLACE			1205 CHELSEA PLACE										
ORLANDO FL	32803		0	ORLANDO FL 32803-2201									
									3. Date Incorporated or Qualified 08/25/1995	3a. Da	le of Last 06/24/ 1	Report 1996	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	L		Applied For	
21			26						59-3337152		—	Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.						5. Outliffered and Otation Description		 -	Additional	
22			27						5. Certificate of Status Desired	ليا		Required	
City & State			City & State						6. Election Campaign Financing		\$5.0	O May Be	
23	3			28				i	Trust Fund Contribution			d to Fees	
Zip	Country			Zip Cou					8. This corporation has liability for in	tangible	tax under	s. 199.032,	
24		25	29		30						∂'No		
	9. Name	and Address of Current	Regi	Istered Agent					10. Name and Address of New Reg	Istered A	gent		
						81	Name	е				i	
Steldt, Russell R				82			Stree	pet Address (P.O. Box Number is Not Acceptable)					
1205 CHELSEA PLACE				!				,					
ORLANDO FL 32803													
-						84	City				85 Zi	p Code	
										FL		· [
11. Pursuant	to the provis	ions of Sections 617.0502	and I	617.1508, Florida Statu	ites, the	above	-name	d corpor	ation submits this statement for the pu	rpose of	changing	its registered	
agent. I a	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												
40	Signature, typed	or printed name of registered agent OFFICERS AND	when reinstating)	DATE	DIDEOT	250 10 40							
12. Title	T T	OFFICERS AND	DIRE	DELETE	1:	3. 1 TITLE		-1	ADDITIONS/CHANGES TO OFFICE	:RS AND	Change		
NAME	ROSE.	IOHN				2 NAME					Unango	, C Youngin	
	STREET ADDRESS 3020 PLAZA TERRACE DRIVE						1000000		•				
	ADLANDA FI						ADDRESS	`					
CITY-ST-ZIP TITLE	D	JO 1 L		DELETE		4 CITY-S' 1 TITLE	1-ZIP				Change	Addition	
NAME	STELDT, RUSSELL R							1				, Madition	
	ARAF OUR ORA DI AGE						NAME STREET ADDRESS						
	ODI ANDO EL AGOGO							'				ł	
CITY-ST-ZIP TITLE	D	00 1 1 32003		DELETE		4 CITY - S 1 Title	11-ZIP				Change	Addition	
NAME	_	, JOSPEH V		L.J DELL'IE				•			Onlangt	^	
		PRIMROSE DR				2 NAME	ABDDECC	. [
STREET ADDRESS	ODLANDO EL ARAMA						ADDRESS	·				Į	
CITY-ST-ZIP TITLE	- VILLANI			DELETE		I. CITY-S I TITLE	1-719	8011-	GUAN PATRICIA ANN		Change	Addition	
NAME				Lad Decent	1	2 NAME		12	EHAP, PATRICIA AND 13 MINNESSIM ST		vnangt	Cas Modificia	
STREET ADORESS							ADDDC00	1	LANDO 12 32803				
							ADDRESS	`				j	
CITY-ST-ZIP TITLE				DELETE		I CITY-ST I TITLE	1-2119				Change	Addition	
NAME				LJ beert								, C Addition	
						NAME	*DDDC00						
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE			•••••	DELETE		CITY-ST		+	MAMMAN TO	പ്പാര	P Thanes	Addition	
				□ ortett	1	I TITLE .			00000212· -03/26/970100	~₹ 65. 83 2(1) 1		Modition	
NAME OTREET APPRECES						NAME			***81.25	J	٠ <i>(</i>	05-5	
STREET ADDRESS					6.3 \$1			·	****O1.CO			200	

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 in hanged, or on an attachment with an address.

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