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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600002426 (2) 1. Corporation Name

LAVERN WRIGHT AIDS CORPORATION

Principal Place of Business

Mailing Address

516 - 30TH STREET EAST
PALMETTO FL 34205

Mailing Address

2215 - 13TH STREET WEST
BRADENTON FL 34205-7035

FILED Apr 30 1997 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State 6. Election Campaign Financing \$5.00 May Be	PALMETTO FL	34205	BRADENTON FL 34205-7035						
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22 3 / 22 28 25 / 25 25 25 25 25 25 25						& Election Compaign Spensing			
20 Country 20	23 Palmetto, Fl. 28 Bradente			10 F/	,			• •	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	2 p 3 42 2		Zip	Country	Nation	This corporation has liability for Florida Statutes		ider s. 199.032,	
SIMMONS, DELOUIS 2215 - 13TH STREET WEST BRADENTON FI. 34205 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 Stoch change was authorized by the corporation submits this statement for the purpose of changing its registered difference or registered agent, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered difference of the purpose of changing its registered agent 1 am families with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-name department of the purpose of changing its registered difference of the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of 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 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 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 Statutes, the above-named registered or purpose of deficions. The registered of the purpose of deficions. The registered of the registered of the registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation agent agen									
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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 Fiorida Subch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 617,0503, Point Statutes. SIGNATURE Signature byted or printed runne of registered agent and representation of 17,0503, Point Statutes. ITHE DELETE 1.1 TITLE DELETE 1.1 TITLE 1.2 NAME 1.3 SIRRET ADDRESS CITY-51-2P DELETE 2.2 NAME 2.2 STRET ADDRESS 2.2 STRET ADDRESS 2.2 STRET ADDRESS CITY-51-2P DELETE 3.1 TITLE DELETE 3.2 TITLE DELETE 3.3 TITLE DELET									
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12.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
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CITY-ST-ZIP Bradenton, El 34205					ADDDEDO -	LYNN MAMILTON			
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		ov certify that the information supplied	with this filing does not qualify to			led in Section 119 07/3/W Floride Statu	tes Turther Pertif	v 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 3 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97

(94)-746-5687