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Apr 30 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 # N96000002426 (2)

1. Corporation Name

LAVERN WRIGHT AIDS CORPORATION

Principal Place of Business

516 - 30TH STREET EAST
PALMETTO FL 34205

Mailing Address

2215 - 13TH STREET WEST
BRADENTON FL 34205-7035



3. Date Incorporated or Qualified
05/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 **516-30th St. E**
Suite, Apt. #, etc.

2a. Mailing Address

26 **2215-13th St. W.**
Suite, Apt. #, etc.

4. FEI Number

31-1465798

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

City & State

23 **Palmetto, FL**

City & State

28 **Bradenton, FL**

Zip

24 **34221**

Country

25 **Manatee**

Zip

29 **34205**

Country

30 **Manatee**

9. Name and Address of Current Registered Agent

SIMMONS, DELOUIS
2215 - 13TH STREET WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Walter A. Lohman |
| 1.3 STREET ADDRESS | 39824-Magnolia St. |
| 1.4 CITY-ST-ZIP | Lady Lake, FL 32159 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Donis Riggins |
| 2.3 STREET ADDRESS | 105-21 St. Av. W. |
| 2.4 CITY-ST-ZIP | Bradenton, FL 34205 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Delouis Simmons |
| 3.3 STREET ADDRESS | 2215th St. W. |
| 3.4 CITY-ST-ZIP | Bradenton, FL 34205 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Walter Lohman P |
| 4.3 STREET ADDRESS | 39824-Magnolia St. |
| 4.4 CITY-ST-ZIP | Lady Lake, FL 32159 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Delouis Simmons |
| 5.3 STREET ADDRESS | 2215-13th St. W. |
| 5.4 CITY-ST-ZIP | Bradenton, FL 34205 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Lynn Hamilton |
| 6.3 STREET ADDRESS | 5400-26th St. W. |
| 6.4 CITY-ST-ZIP | Bradenton, FL 34205 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4), 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.

SIGNATURE: **Delouis Simmons**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97 (941)-746-5687
Date Daytime Phone # 0001572

CR2E037 (9/96)