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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90017 022 \*\*\*\*61.25

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1. Corporation Name

LAVERN WRIGHT AIDS CORPORATION

Principal Place of Business

Mailing Address

1410-18TH AVE DR. E  
PALMETTO FL 34221  
US

2215 - 13TH STREET WEST  
BRADENTON FL 34205



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/01/1996

4. FEI Number

31-1465798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

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

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME LAUSMAN, WALTER A  
STREET ADDRESS 39824 MAGNOLIA ST  
CITY-ST-ZIP LADY LAKE FL

1.1 TITLE PEER COUNSELOR ☐ Change ☒ Addition

1.2 NAME CHRISTINA NEWSON  
1.3 STREET ADDRESS 1423-17TH AVE. E.  
1.4 CITY-ST-ZIP BRADENTON, FL 34208

TITLE D ☒ DELETE

NAME VANDERGRAFF, FRED  
STREET ADDRESS 673 CORTEZ PLAZA  
CITY-ST-ZIP BRADENTON FL 34205

2.1 TITLE SEC. ☐ Change ☒ Addition

2.2 NAME CYNTHIA NEWSON  
2.3 STREET ADDRESS 1423-17TH AVE. E.  
2.4 CITY-ST-ZIP BRADENTON, FL 34208

TITLE D ☐ DELETE

NAME SIMMONS, DELOUIS  
STREET ADDRESS 2215 ST W  
CITY-ST-ZIP BRADENTON FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME PERRY, ANDREW J  
STREET ADDRESS 2910 9TH AVE  
CITY-ST-ZIP BRADENTON FL 34208

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE P ☐ DELETE

NAME FORTUNE, AFAF  
STREET ADDRESS 3011 15TH ST, W  
CITY-ST-ZIP BRADENTON FL 34205

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME HAMILTON, LYNN  
STREET ADDRESS 5400-26TH ST. W  
CITY-ST-ZIP BRADENTON FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-99 (941)-746-5687

CR2E037 (1/1/98)