

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90042 008 \*\*\*\*70.00

DOCUMENT # N96000002426

1. Entity Name

LAVERN WRIGHT AIDS CORPORATION



Principal Place of Business

Mailing Address

2215 - 13 STREET WEST  
COTTAGE A  
BRADENTON FL 34205  
US

2215 - 13TH STREET WEST  
BRADENTON FL 34205

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

31-1465798

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME: C  
STREET ADDRESS: LAUSMAN, WALTER A  
CITY-ST-ZIP: 39824 MAGNOLIA ST  
LADY LAKE FL ☐ Delete

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: D  
STREET ADDRESS: JONES, CHARLIE  
CITY-ST-ZIP: 1418-45TH CIR W APT101  
BRADENTON FL 34205 ☒ Delete

TITLE  
NAME: ☐ Change ☒ Addition  
STREET ADDRESS: D  
CITY-ST-ZIP: 2215-13th St. W.  
BRADENTON FL 34205

TITLE  
NAME: D  
STREET ADDRESS: SIMMONS, DELOUIS  
CITY-ST-ZIP: 2915 13 TH ST W  
BRADENTON FL 34205 ☐ Delete

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: NCD  
STREET ADDRESS: GLASSCOCK, EDWINA  
CITY-ST-ZIP: 3503 5TH AVE W  
PALMETTO FL 34221 ☐ Delete

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: TD  
STREET ADDRESS: CLARK, MELINDA  
CITY-ST-ZIP: 1004 45TH ST E  
BRADENTON FL 34208 ☒ Delete

TITLE  
NAME: ☐ Change ☒ Addition  
STREET ADDRESS: T.D  
CITY-ST-ZIP: 2215-13th St. W.  
BRADENTON FL 34205

TITLE  
NAME: D  
STREET ADDRESS: HAYES, DONNA  
CITY-ST-ZIP: 1607 18TH ST E  
PALMETTO FL 34221 ☐ Delete

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Delouis Simmons* *Delouis Simmons* - 01-21-07 746-5687  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #