

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002426

FILED
Feb 15, 2009
Secretary of State

Entity Name: LAVERN WRIGHT AIDS CORPORATION

Current Principal Place of Business:

2215 - 13 STREET WEST
COTTAGE A
BRADENTON, FL 34205 US

New Principal Place of Business:

Current Mailing Address:

2215 - 13TH STREET WEST
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 31-1465798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LAUSMAN, WALTER A
Address: 39824 MAGNOLIA ST
City-St-Zip: LADY LAKE, FL

Title: D () Delete
Name: SIMMONS, DELOUIS
Address: 2215-13TH ST WEST
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: SIMMONS, DELOUIS
Address: 2215-13TH ST W
City-St-Zip: BRADENTON, FL 34205

Title: NCD () Delete
Name: LAUSMAN, WALTER
Address: 39324 MAGNOLIA ST
City-St-Zip: LADY LAKE, FL 32159

Title: TD () Delete
Name: SIMMONS, DELOUIS
Address: 2215-13TH ST WEST
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: HAYES, DONNA
Address: 1607 18TH ST E
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: LAUSMAN, WALTER A
Address: 39824 MAGNOLIA ST
City-St-Zip: LADY LAKE, FL 32159

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELOUIS SIMMONS

TD

02/15/2009

Electronic Signature of Signing Officer or Director

Date