

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90162 043 \*\*\*\*70.00

**DOCUMENT # N96000002426**

1. Entity Name

**LAVERN WRIGHT AIDS CORPORATION**



Principal Place of Business

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

Mailing Address

**2215 - 13TH STREET WEST  
BRADENTON FL 34205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

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

TITLE **S** ☒ Delete  
NAME **LAUFFIN, RUTH**  
STREET ADDRESS **1111 W. FAITH CIR #1002**  
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Chen's Jones**  
STREET ADDRESS **1418 - 45TH AVE. C.W. Apt. 101**  
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE **D** ☐ Delete  
NAME **SIMMONS, DELOUIS**  
STREET ADDRESS **2215 ST W**  
CITY-ST-ZIP **BRADENTON FL**

TITLE **Director** ☒ Change ☒ Addition  
NAME **DELOUIS SIMMONS-BRENNOR**  
STREET ADDRESS **2215 - 13TH ST. W.**  
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE **NCD** ☐ Delete  
NAME **BRENNOR, JEAN**  
STREET ADDRESS **2215 - 13TH ST. W**  
CITY-ST-ZIP **BRADENTON FL 34208**

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

TITLE **D** ☒ Delete  
NAME **SIMMONS-BRENNOR, DELORIS**  
STREET ADDRESS **2215 - 13 STREET WEST**  
CITY-ST-ZIP **BRADENTON FL 34205**

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

TITLE **TD** ☐ Delete  
NAME **CLARK, MELINDA**  
STREET ADDRESS **1450 - 17 ST. CIR.E.**  
CITY-ST-ZIP **BRADENTON FL 34208**

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

12. 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 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

*Signature Required* (Simmons Brennor 2-26-03) (941) 746-5687

CR2E037 (10/02)