2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # N96000004385 Leavy Name EPISCOPAL AIDS MINISTRY, INC. Principal Place of Business Making Address	ANNUAL REPORT											FIL	-ED	
464 Nr. 16 SIRCE Sulfa April # etc Sulfa April # etc D0142005 Chg-Np CR2EGG7 (10/03) 2. Pirtiplal Place of Business 3. Malling Address D0142005 Chg-Np CR2EGG7 (10/03) 2. Pirtiplal Place of Business 3. Malling Address D0142005 Chg-Np CR2EGG7 (10/03) 2. Pirtiplal Place of Business 3. Malling Address D0142005 Chg-Np CR2EGG7 (10/03) 2. Pirtiplal Place of Business 3. Malling Address D0142005 Chg-Np CR2EGG7 (10/03) 2. Pirtiplal Place of Business 3. Malling Address D0142005 Chg-Np CR2EGG7 (10/03) 3. Name and Address of Current Registered Agent Name Sale of Business of Name Name Sale of Business of Name Name Name Sale of Business of Name	1. Entity Name									ſ	05 S SEUI ALL	SEP 20	PH 2:	07 TE
Suite Apt # etc	464 N.E. 16 STREET 464 N.E. 16 STREET							1 : [] [] [] []	i in forin only day		am 24m 9			DΑ
City & State Ci	2. Principal P	lace of Business	3. Mailing Address											
Sc. Option Sc.	Suite Apt	# etc	Suite Apt # etc					09142005 Chg-NP C			CR2E037 (10/03)			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered dilet or registered grant of the children of registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or registered agent or both in the State of Fords 1 and accept the children or register	City & Stat	9	City & State											
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SIGNATURE Signature Superior and registered open Superior	MACARTHUR, DOUGLAS ESQ. 1000 PONCE DE LEON SUITE 207					Bag Street A Tri	ddress (F nity NE	Miguel O. Box Numb Church	ber is Not Ac	centable)		Zip Cod		
TITLE DO CORAL GABLES, FL 33134 TITLE NAME MOORE, DONNA MANE MOORE,	the obligations of registered agent Signature inped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refinating) Part I have a compared to more of registered agent and title if applicable (NOTE: Registered Agent signature required when refinating) Part I have a compared to more of registered agent and title if applicable (NOTE: Registered Agent signature required when refinating) DATE Filling Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to													
TITLE PD			CTORS											
TITLE SD KDelete MACARTHUR, DOUGLAS MAGE MACARTHUR, DOUGLAS STREET ADDRESS 1000 PONCE DE LEON, SUITE 207 CORAL GABLES, FL 33134 CITY-ST-2P CORAL GABLES, FL 33132 CITY-ST-2P CITY-S	TITLE NAME STREET ADDRESS	PD SANDS, BISHOP GEORGE W 464 NE 18 STREET		K) Delete	TITLI NAM STRE	E Et address	PD LeC1 464	air, Ch	arlie Street	<u> </u>				
TILE MOORE, DONNA SIRET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 TILE VPD MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 TILE D SREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 TILE D SREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 TILE D MACAYA, ALFREDO AMAE MACAYA, ALFREDO AMAE MACAYA, ALFREDO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 TILE D MACAYA, ALFREDO AMAE MACAYA, ALFREDO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 TILE D MACAYA, ALFREDO AMAE MACAYA, ALFREDO AMAE MACAYA, ALFREDO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 TILE D MARQUEZ-STERLING, GUILLERMO STREET ADDRESS S	NAME STREET ADORESS	MACARTHUR, DOUGLAS 1000 PONCE DE LEON, SUITE 20	07	X) Detele	NAM STRE	e Et adoress	VPD Leon 464	, Mario NE 16 S	Street			☐ Change	X Addition	
NAME STREET ADDRESS 464 NE 16 STREET MIAMI, FL 33132 ITILE D MACAYA, ALFREDO A84 NE 16 STREET MIAMI, FL 33132 ITILE D MACAYA, ALFREDO A84 NE 16 STREET MIAMI, FL 33132 ITILE D MACAYA, ALFREDO A84 NE 16 STREET MIAMI, FL 33132 ITILE D MACAYA, ALFREDO A84 NE 16 STREET MIAMI, FL 33132 ITILE D MARQUEZ-STERLING, GUILLERMO A84 NE 16 STREET MIAMI, FL 33132 ITILE MARQUEZ-STERLING, GUILLERMO A84 NE 16 STREET MIAMI, FL 33132 ITILE MARQUEZ-STERLING, GUILLERMO A84 NE 16 STREET MIAMI, FL 33132 ITILE MARGUEZ-STERLING, GUILLERMO A84 NE 16 STREET MIAMI, FL 33132 ITILE MARGUEZ-STERLING, GUILLERMO A84 NE 16 STREET MIAMI, FL 33132 ITILE MARGUEZ-STERLING, GUILLERMO A84 NE 16 STREET MIAMI, FL 33132 ITILE MIAMI, FL 33132	NAME STREET ADDRESS	MOORE, DONNA 464 NE 16 STREET		Calete	NAM Stre	E Et address	D Gree 464	nfield- NE 16 S	Mannin	g, Pric	illa	☐ Change	Addilion	
MACAYA, ALFREDO 484 NE 18 STREET MIAMI, FL 33132 MARQUEZ-STERLING, GUILLERMO STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33132 MARQUEZ-STERLING, GUILLERMO MARQUEZ-STERLING, GUILLERMO STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33132 MAME STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33132 MAME STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33132 MAME STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33132	NAME STREET ADDRESS	PHILLIPS, JAMES 464 NE 16 STREET		X Defele	NAM STRE	et adoress	D S Reed 464	, Jilli NE 16 S	treet			☐ Change	Addition	
MARQUEZ-STERLING, GUILLERMO STREET ADDRESS GITY-S1-ZP MIAMI, FL 33132 MARQUEZ-STERLING, GUILLERMO STREET ADDRESS GITY-S1-ZP Miami, FL 33132 MARQUEZ-STERLING, GUILLERMO STREET ADDRESS GITY-S1-ZP Miami, FL 33132	NAME STREET ADDRESS	MACAYA, ALFREDO 484 NE 18 STREET		Delete	NAM STRE	E Et alloress	0'Re 464	NE 16 S	treet			☐ Change	K Addition	
12 I hereby certify that the information supplied with this fiting 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	NAME STREET ADDRESS CITY-S1-ZIP	MARQUEZ-STERLING, GUILLERI 464 NE 16 STREET MIAMI, FL 33132 entify that the information supplied with t	his Wina doe	es not quality for	STRE	ET ADDRESS -ST-ZIP	Bague 464 1 Milam ted in Se	NE 16 S 1. FL.	treet 33132 (i), Florida S	statutes I fu	urther ce	Sq.	2D	ı

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DOCUMENT: N96000004385

Entity Name: EPISCOPAL AIDS MINISTRY, INC.

11. Additions/Changes to Officers and Directors - Con't

Title:

D

Addition

Name:

Humphries, Charles 464 NE 16 Street

Street Address: City-St-Zip:

Miami, FL 33132

Title:

D

Addition

Name: Street Address: Edwards, Myra 464 NE 16 Street

City-St-Zip:

Miami, FL 33132

Title:

D

Addition

Name: Street Address:

City-St-Zip:

Effinger, Rick 464 NE 16 Street Miami, FL 33132