

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004385

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: EPISCOPAL AIDS MINISTRY, INC.

## Current Principal Place of Business:

464 N.E. 16 STREET  
MIAMI, FL 33132

## New Principal Place of Business:

## Current Mailing Address:

464 N.E. 16 STREET  
MIAMI, FL 33132

## New Mailing Address:

FEI Number: 65-0692341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BAGUER, MIGUEL  
TRINITY CHURCH BOOK STORE  
464 NW 16 STREET  
MIAMI, FL 33132 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: PD ( ) Delete  
Name: LECLAIR, CHARLIE  
Address: 464 N.E. 16 STREET  
City-St-Zip: MIAMI, FL 33132

Title: VD ( ) Delete  
Name: LEON, MARIO  
Address: 464 N.E. 16 STREET  
City-St-Zip: MIAMI, FL 33132

Title: TD ( ) Delete  
Name: MOORE, DONNA  
Address: 464 NE 16 STREET  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: GREENFIELD-MANNING, PRICILLA  
Address: 464 N.E. 16 STREET  
City-St-Zip: MIAMI, FL 33132

Title: DS ( ) Delete  
Name: REED, JILLIAN  
Address: 464 NE 16 STREET  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: O'REILLY, PAT  
Address: 464 NE 16 STREET  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition  
Name: EDWARDS, MYRA  
Address: 464 NE 16 STREET  
City-St-Zip: MIAMI, FL 33132

Title: ( ) Change ( ) Addition  
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 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: CHARLIE LECLAIR

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date