

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90471 013 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N96000004385			
1. Entity Name EPISCOPAL AIDS MINISTRY, INC.			
Principal Place of Business 464 N.E. 16 STREET MIAMI, FL 33132		Mailing Address 464 N.E. 16 STREET MIAMI, FL 33132	
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
6. Name and Address of Current Registered Agent BAGUER, MIGUEL TRINITY CHURCH BOOK STORE 464 NW 16 STREET MIAMI, FL 33132		7. Name and Address of New Registered Agent 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 re-stating) DATE			
Filing 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 STREET ADDRESS CITY-ST-ZIP	PD LECLAIR, CHARLIE 464 N.E. 16 STREET MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACAYA, ALFREDO 464 NE 16 Street Miami, FL 33132 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEON, MARIO 464 N.E. 16 STREET MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EFFINGER, RICK 464 NE 16 Street Miami, FL 33132 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEWARDS, MYRA 464 NE 16 STREET MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CULLERS, DARLENE J. 464 NE 16 Street Miami, FL 33132 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENFIELD-MANNING, PRICILLA 464 N.E. 16 STREET MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, JILLIAN 464 NE 16 Street Miami, FL 33132 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REED, JILLIAN 464 NE 16 STREET MIAMI, FL 33132 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'REILLY, PAT 464 N 16 STREET MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Charles E. Leclair</u>		422-07-786-349-8966	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	