

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004852

**FILED**  
**Apr 28, 2004**  
**Secretary of State****Entity Name:** THE JOE LOGSDON AIDS FOUNDATION, INC.**Current Principal Place of Business:**2496 KIRKWOOD AVE.  
NAPLES, FL 34112 US**New Principal Place of Business:****Current Mailing Address:**2496 KIRKWOOD AVE.  
NAPLES, FL 34112 US**New Mailing Address:****FEI Number:** 31-1486087**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**STEVE TURNER  
832 BELVILLE BLVD  
NAPLES, FL 34101 US**Name and Address of New Registered Agent:**TURNER, STEVE  
5909 ALMADEN DRIVE  
NAPLES, FL 34119 US

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: STEVE TURNER

04/28/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: LOGSDON, CHERYLANN  
Address: 66 EMEARALD  
City-St-Zip: NAPLES, FL 34108

Title: DP ( ) Delete  
Name: TURNER, STEPHEN  
Address: 5909 ALMADEN DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: SUYDAM, MARDDALE  
Address: 349 DOVER PLACE 101  
City-St-Zip: NAPLES, FL 34104

Title: DS ( ) Delete  
Name: CARR, MIKE JR  
Address: 3017 HENOON CT  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: TAYLOR, MARY  
Address: 6482 BIRCHWOODS CT  
City-St-Zip: NAPLES, FL 34109

Title: D (X) Delete  
Name: PERRON, RICH  
Address: 3071 SANTORINI CT  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: SUYDAM, MARJORIE  
Address: 349 DOVER PLACE 101  
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change ( ) Addition  
Name: QUERO, JOSE  
Address: 5245 RED CEDAR DRIVE #5  
City-St-Zip: FT MYERS, FL 33907

Title: D (X) Change ( ) Addition  
Name: CONLEY, PATRICIA  
Address: 331 ERIE DR  
City-St-Zip: NAPLES, FL 34110

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 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 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: STEVE TURNER

DP

04/28/2004

Electronic Signature of Signing Officer or Director

Date