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

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FILED
Feb 14, 2003 8:00 am
Secretary of State

01-13-2003 90705 016 ****61.25

DOCUMENT # N96000004852

1. Entity Name
THE JOE LOGSDON AIDS FOUNDATION, INC.

Principal Place of Business	Mailing Address
2496 KIRKWOOD AVE. NAPLES FL 34112 US	2496 KIRKWOOD AVE. NAPLES FL 34112 US

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 31-1486087 — 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
STEVE TURNER ~~832 BELVILLE BLVD~~ 2496 KIRKWOOD AVE. NAPLES FL ~~34101~~ 34112	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	D	TITLE	DIRECTOR - VICE PRESIDENT ☐ Change ☒ Addition
NAME	LOGSDON, CHERYLANN	NAME	MARJORIE SUYDAM
STREET ADDRESS	~~68 EMERALD WOODS DR. 116~~ 66 EMERALD WOODS DR H-6	STREET ADDRESS	349 DOVER PLACE #101
CITY-ST-ZIP	NAPLES FL. 34108	CITY-ST-ZIP	NAPLES FL. 34104
TITLE	DP ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	TURNER, STEPHEN	NAME	STEPHEN GRAY
STREET ADDRESS	~~832 BELVILLE BLVD~~ 5909 ALMADEN DRIVE	STREET ADDRESS	4734 JACKFISH ST.
CITY-ST-ZIP	NAPLES FL ~~34104~~ 34119	CITY-ST-ZIP	BONITA SPRINGS FL. 34134
TITLE	DV ☒ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	PROPER, ERIC	NAME	RICH PERRON
STREET ADDRESS	778 MOORINGLINE DR	STREET ADDRESS	3071 SANTORINI CT.
CITY-ST-ZIP	NAPLES FL 34102	CITY-ST-ZIP	NAPLES FL. 34109
TITLE	DS ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	CARR, MIKE JR	NAME	DR. JOSE QUERO
STREET ADDRESS	3017 HENOON CT	STREET ADDRESS	5245 RED CEDAR DRIVE #5
CITY-ST-ZIP	NAPLES FL 34105	CITY-ST-ZIP	FT MYERS FL. 33907
TITLE	D ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	TAYLOR, MARY	NAME	ED ULLMANN
STREET ADDRESS	6482 BIRCHWOODS CT	STREET ADDRESS	1011 OAK FOREST DR.
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	NAPLES FL 34104
TITLE	D ☒ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	TENEROWIEZ, CECELIA	NAME	MIKE LAWS
STREET ADDRESS	6588 CHESTNUT CIRCLE	STREET ADDRESS	1233 12TH AVE N.
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	NAPLES FL. 34102

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: MARY TAYLOR TREASURER 1-8-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)